

Name
in
Full

Daisy Dora Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

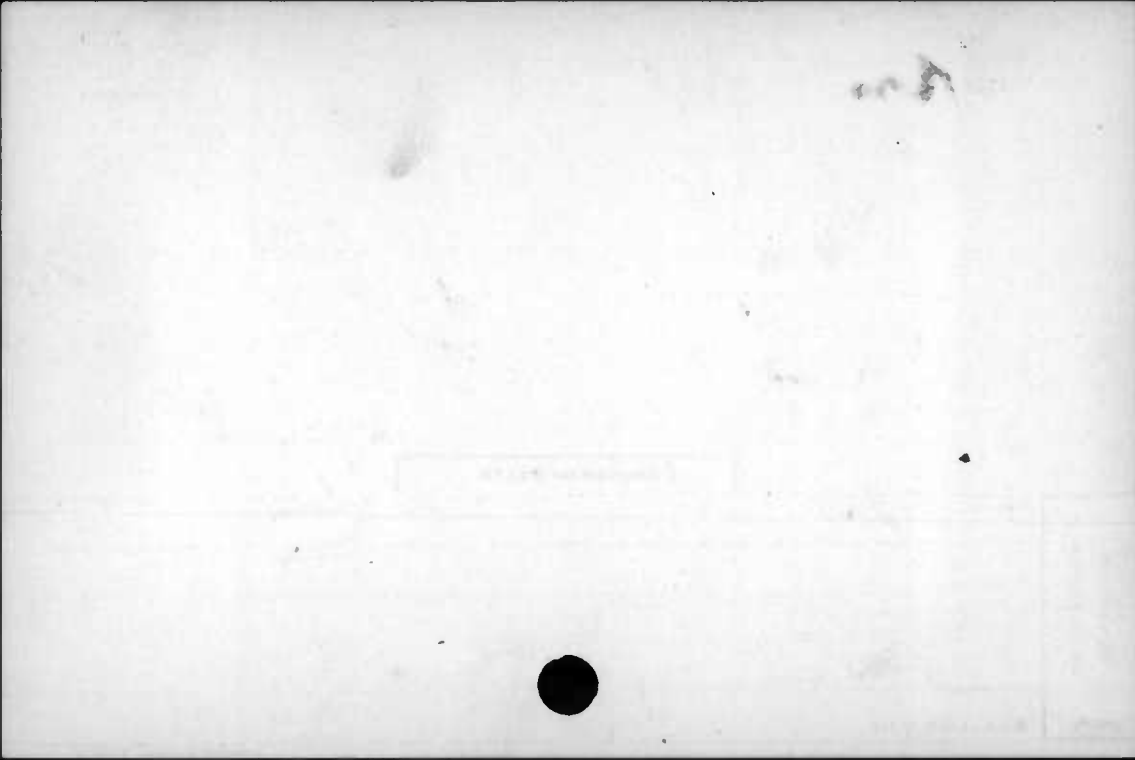
Died at Frederick ^{Town} ville		Frederick ^{County}		MARYLAND	
Date of death	1907 ^{Month} Sept	20 ^{Day}	Age 20 ^{Years}	2 ^{Months}	10 ^{Days}
Sex Female	Color or Race white		Birth-place md		
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name James W. Anderson	Father's Birthplace md				
Mother's Maiden Name Flora A. Albough	Mother's Birthplace md				
Name of person giving information Flora Anderson	How related to deceased mother				

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Cerebral Abscess (7)	How long 14 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Lem Hart
	Address Brownsville - Frederick - Co
Accident or Suicide? Q	



Name
in
Full

Carrie Ellen Baker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Oak Orchard* ^{Town} *Fredricks* ^{County}Date of death *1907 Sept. 27* ^{Month} ^{Day} Age *21* ^{Years} ^{Months} *5* ^{Days} *25*Sex *Female* Color or Race *White* Birth place *Cowell Co.*Occupation *Domestic Help* Where Residing if not at place of death *Oak Orchard.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Henry Baker*Father's Birthplace *Md.*Mother's Maiden Name *Anna S. Hawn*Mother's Birthplace *Md.*Name of person giving information *Chaunce Ensor*How related to deceased *Friend*

CAUSES OF DEATH

70

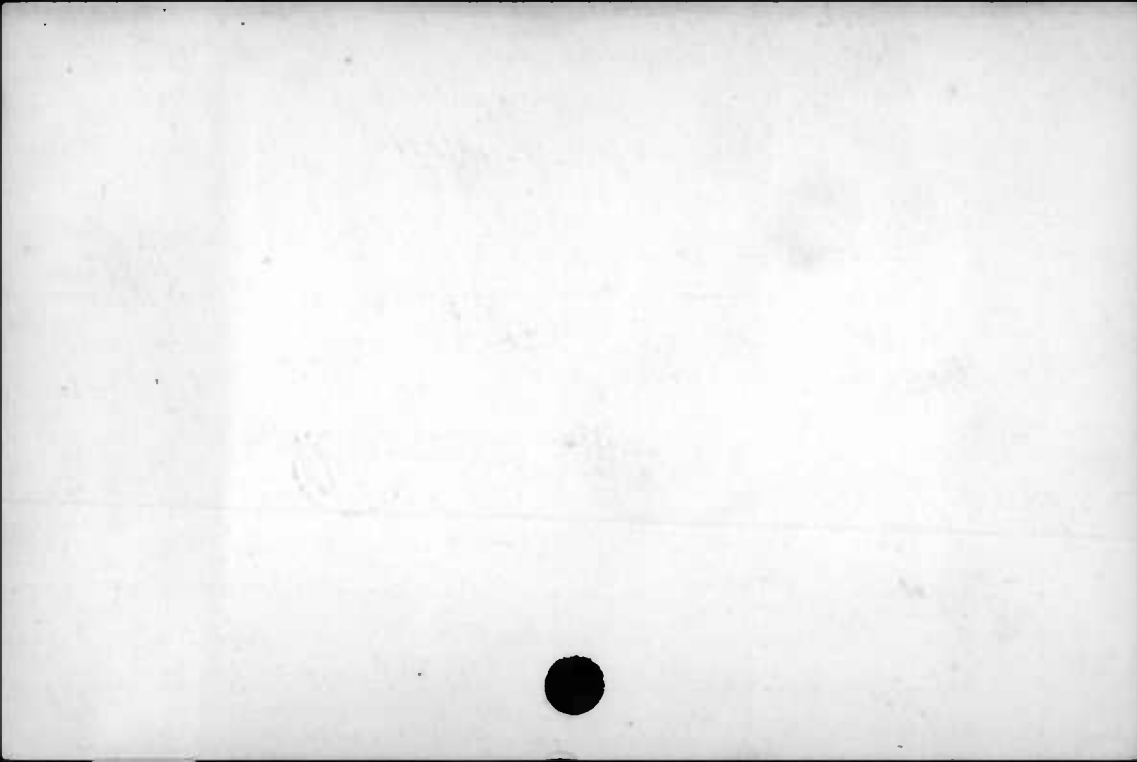
Primary *Convulsions*How long *1 hour.*Immediate *Exhaustion*How long *10 hours.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Arthur G. Gatty
New Market
*Md.*Accident or Suicide? *Q*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

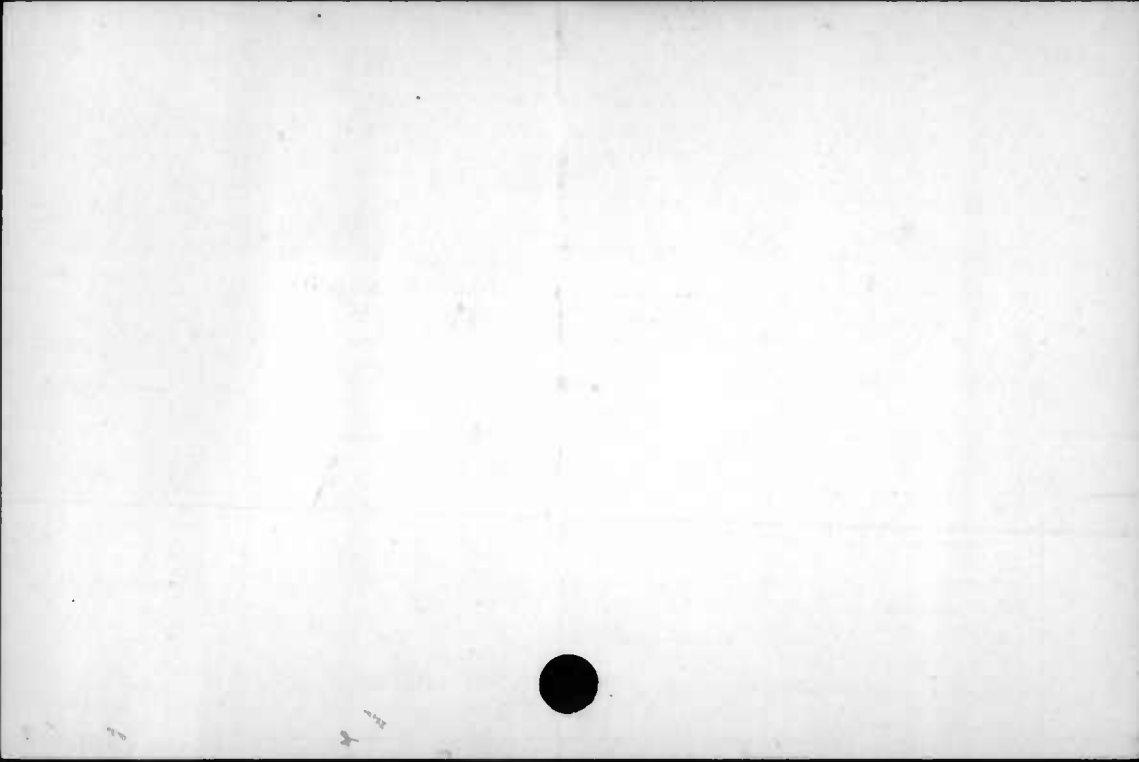
Died at <i>Thurmont</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>190</i>	Age	<i>25</i>	Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Thurmont Md</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Mary Ann Stauffer</i>			
Father's Name	<i>Lawrence Baltzell</i>		Father's Birthplace <i>Fred's Co Md</i>		
Mother's Maiden Name	<i>Susan Haden</i>		Mother's Birthplace <i>Fred's Co Md</i>		
Name of person giving information	<i>Mrs Jas R. Baetzee</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

(5-4)

PHYSICIAN
OR CORONER

Primary	<i>Prognosis Pericarditis</i>	How long	<i>5-years.</i>
Immediate	<i>_____</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. C. Kefauver</i>
		Address	<i>Thurmont, Md</i>
Accident or Suicide?	<i>_____</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

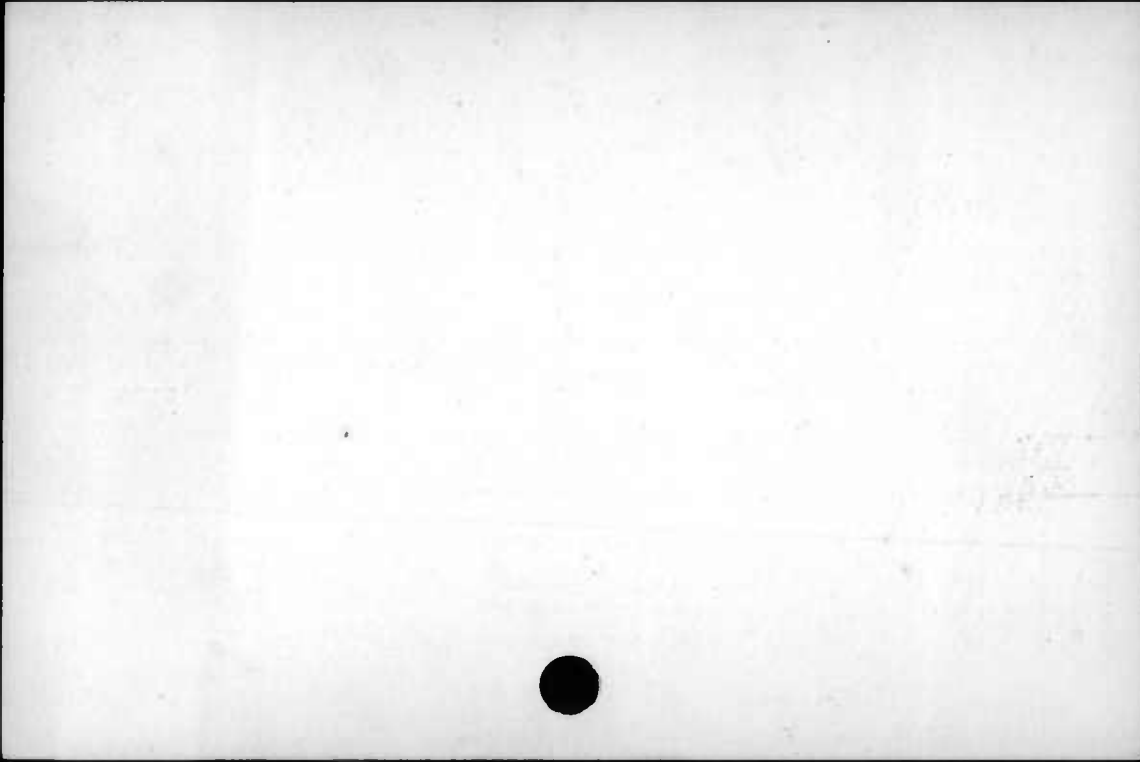
Name <i>Maretha Bare</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
<i>Frederick</i>		<i>1907 Sept. 6th</i>		<i>4</i>		<i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Bare</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Evel Knuth</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Mm Bare</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Anaemia</i>	How long	<i>2 mos</i>
Immediate	<i>Convulsions</i>	How long	<i>Chours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Hedges</i>	
		Address <i>Frederick</i>	
Accident or Suicide? <i>9</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

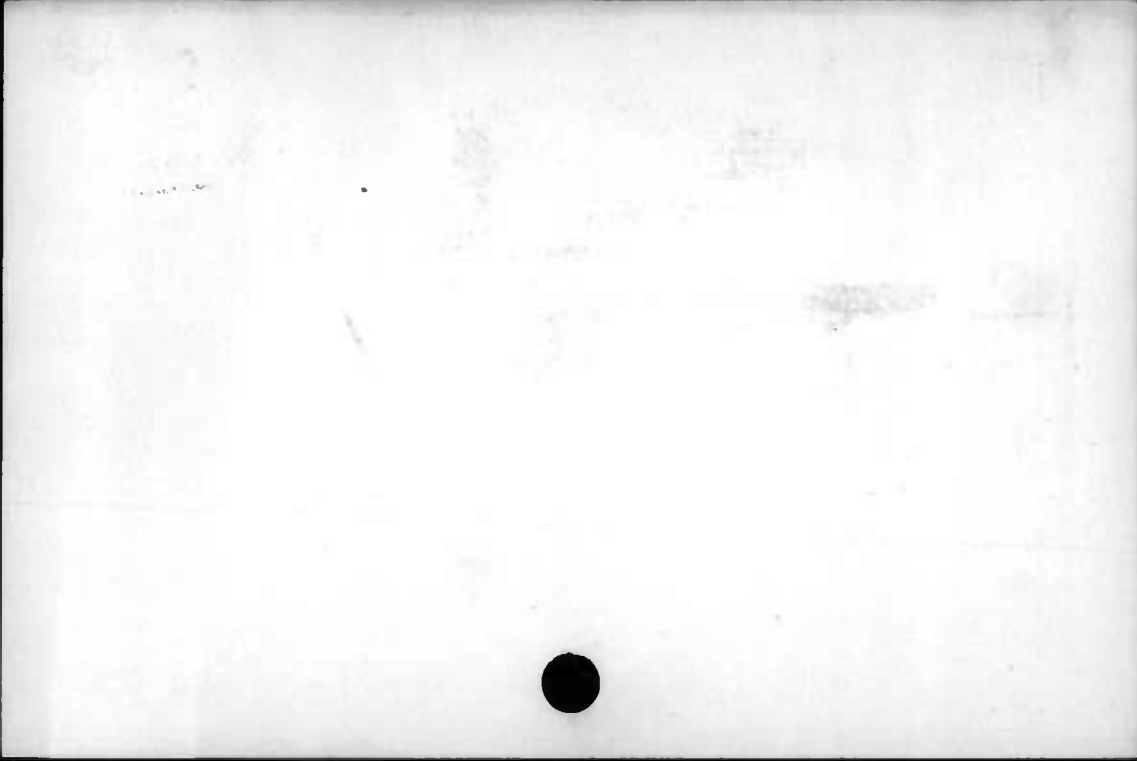
Washington C. Beall		TOWN		County		MARYLAND							
Died at		Libertytown		Fredk.									
Date of death		1907	Month	Sept	Day	9	Age	81	Years	6	Months	17	Days
Sex		Male		Color or Race		White		Birth-place		Libertytown			
Occupation		Mason		Where Residing if not at place of death									
Married, Single or Widowed		Married		Name of Wife or Husband		Jane Beall							
Father's Name		Enoch Beall		Father's Birthplace		Rockville, Md.							
Mother's Maiden Name		Susanna Bowhan		Mother's Birthplace		Libertytown							
Name of person giving information		Bra H. Beall, M.D.		How related to deceased		Son							

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary		Paralysis		How long		6 yrs.	
Immediate		Complications		How long		3 wks.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Bra H. Beall, M.D.	
				Address		Libertytown, Md.	
Accident or Suicide?		9					



Name
in
Full

Geo H. Biddinger.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

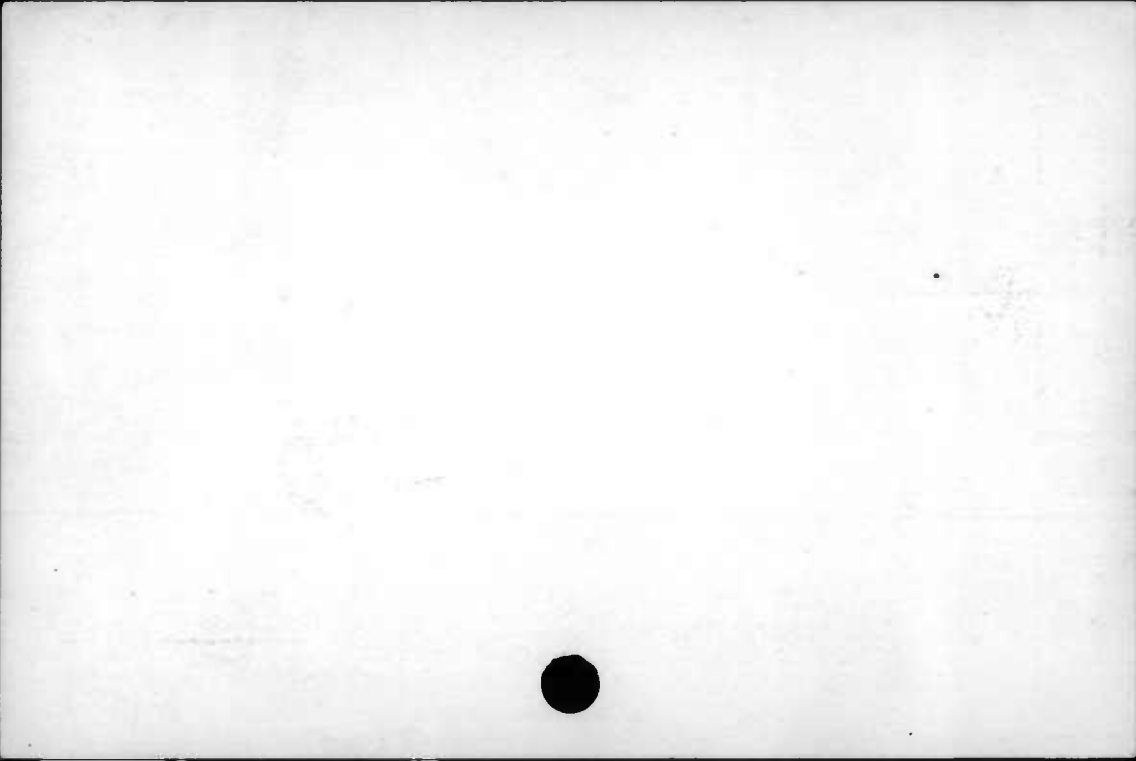
Died at		Town Hoodsboro		County Fred.		MARYLAND	
Date of death		Month 9	Day 9	Age 49	Months 7	Days 2	
Sex male		Color or Race White		Birth-place near Hallsville			
Occupation Farmwork		Where Residing If not at place of death Hoodsboro, Fred Co., Md.					
Married, Single or Widowed Married		Name of Wife or husband Mary E. Biddinger					
Father's Name David Biddinger		Father's Birthplace Fred Co.					
Mother's Maiden Name Mary Harris		Mother's Birthplace Fred Co.					
Name of person giving information Belmont Kalbreyer Brother-in-law		How related to deceased Brother-in-law					

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid, Incubation 4 to 5 days	How long	6 months
Immediate	Typhoid Fever	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Kahle	
yes		Address Hoodsboro, Md.	
Accident or Suicide?			



Name
in
Full

Joseph R. Boyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Emmitsburg, Maryland

Date

of death

1907

Sept

Month

11

Day

Age

22

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Farmer

Where Residing if not
at place of death

Emmitsburg

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Amundus Boyle

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary Golden

Mother's
Birthplace

Pa.

Name of person giving
information

Mary Boyle

How related
to deceased

Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

How long

8 months

Immediate

'Cardiac Failure'

How long

2 weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Janis

Address

Emmitsburg
Md.

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Bagornie

Town

County

Died at

Monticue Ky.

MARYLAND

Date

of death 1907

Month

Sept

Day

26

Age

69

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Frederick, Md.

Occupation

Lumber

Where Residing if not
at place of death

Residing at Monticue

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Hospital record -

How related
to deceased

CAUSES OF DEATH

179

Primary

Gum Sclerosis

How long

Immediate

Exhaustion

How long

3 mo

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

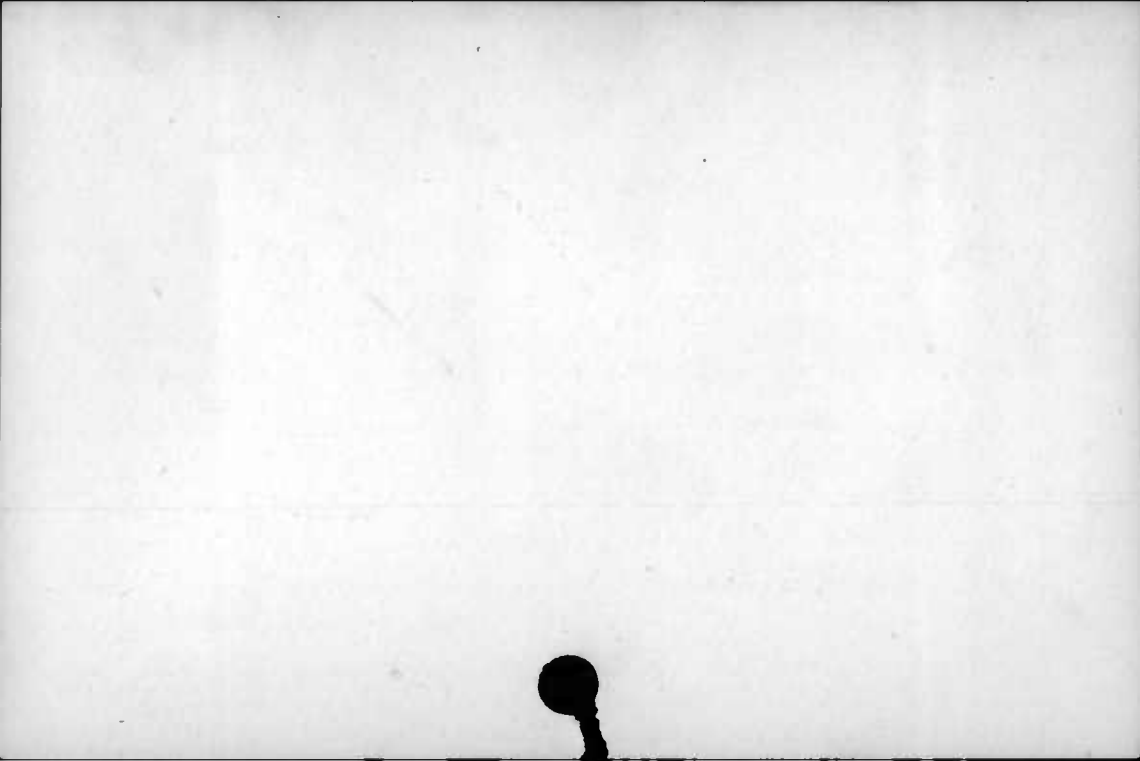
R. S. Lyson.

Address

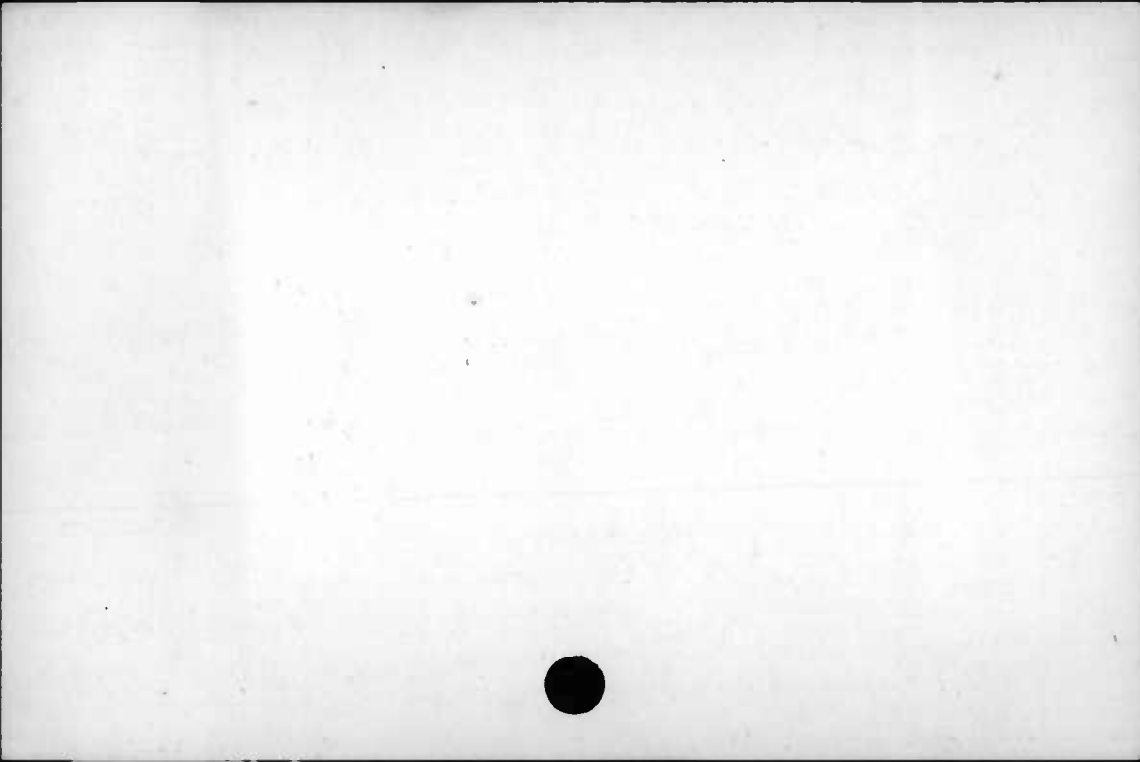
Frederick,
Md.

Accident or Suicide?

No



Name in Full		Geo. W. Carson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sams Creek</i>		Town <i>Frederick</i>		County		MARYLAND
	Date of death <i>1907 sept</i>		Month	Day <i>16</i>	Years <i>72</i>	Months <i>7</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>		
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Sams Creek</i>				
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Elizabeth Carson</i>				
	Father's Name <i>Charles Carson</i>		Father's Birthplace <i>unknown</i>				
	Mother's Maiden Name <i>Rebecca Shipley</i>		Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Howard Blackum</i>		How related to deceased <i>no</i>					
		CAUSES OF DEATH			(179)		
PHYSICIAN OR CORONER	Primary <i>General debility</i>				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Ira E. Whitehead</i>				
			Address <i>New Windsor Md</i>				
Accident or Suicide?							



Name
in
Full

Franklin Ralph Colclough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Graceland		County Frederick		MARYLAND	
Date of death		1907	Month Sept	Day 5 th	Age	Years 9	Months 22
Sex Male		Color or Race White		Birth place Graceland, Md			
Occupation 2				Where Residing if not at place of death			
Married, Single or Widowed 4				Name of Wife or Husband			
Father's Name Franklin Colclough				Father's Birthplace Graceland, Md			
Mother's Maiden Name Martha Miller				Mother's Birthplace Graceland, Md			
Name of person giving information Franklin Colclough				How related to deceased Father			

CAUSES OF DEATH

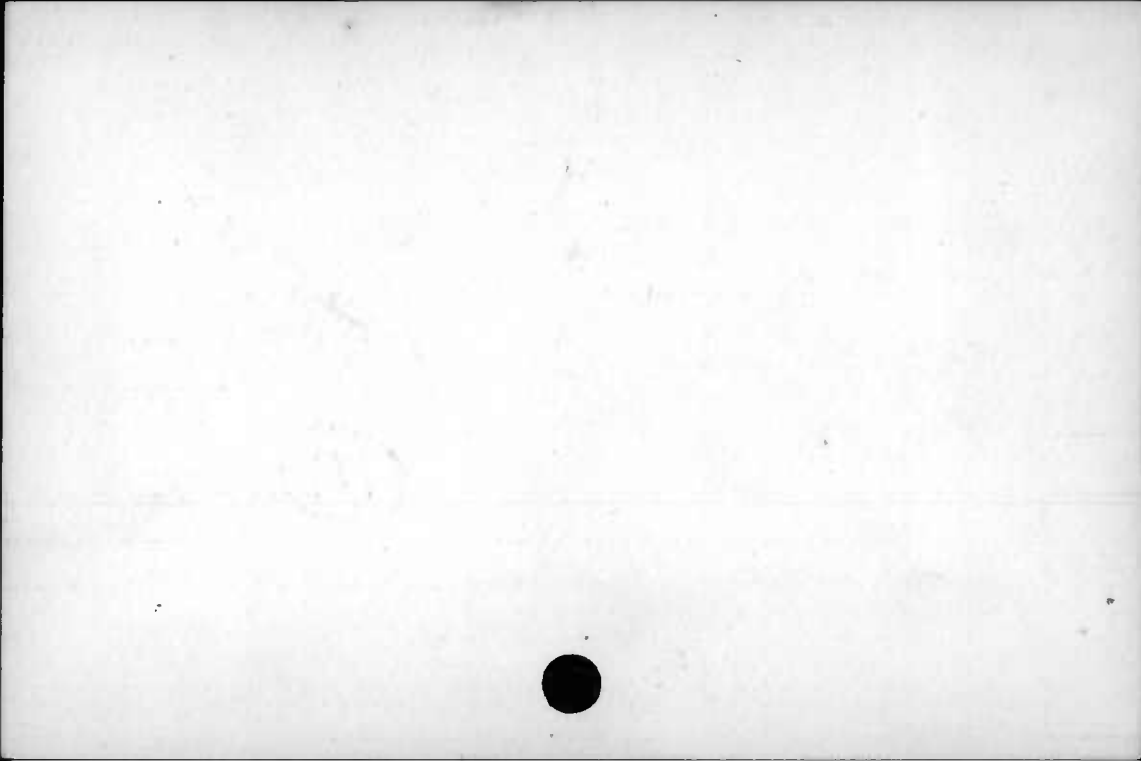
PHYSICIAN
OR CORONER

Primary	Meningitis	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. C. McFarmer	
		Address	
		Thurmont, Md.	
Accident or Suicide?			
2			

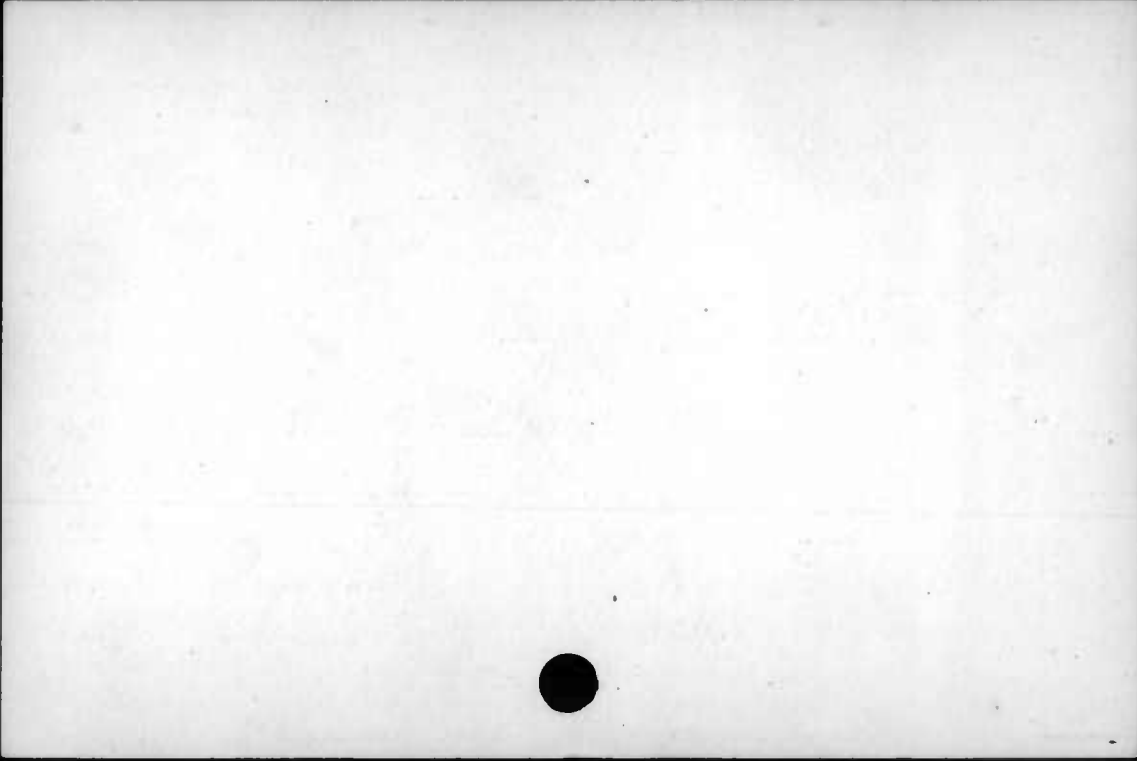
~~18 Jan~~
~~1900 - 14~~

~~did~~
~~5 Sept - 1907~~

Name in Full		Islande Hamilton Cooley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Liberty</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
		Date of death <u>1907</u> <small>Month of</small> <u>Sept</u> <small>Day</small> <u>10</u>		<u>15</u> <small>Years</small>		<u>23</u> <small>Months</small> <u>Days</u>	
		Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Liberty</u>	
		Occupation <u>Farm-House</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <u>Perry F. Cooley</u>		Father's Birthplace <u>Maryland</u>			
		Mother's Maiden Name <u>Emma Little</u>		Mother's Birthplace <u>Penn</u>			
		Name of person giving information <u>Perry F. Cooley</u>		How related to deceased <u>Father</u>			
		CAUSES OF DEATH		(119)			
Primary <u>Acute Nephritis</u>		How long <u>3 days</u>					
Immediate <u>Uraemic Poison</u>		How long <u>12 hours</u>					
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Jas. C. Sappugliori M.D.</u>		Address <u>Libertytown Md.</u>			
Accident or Suicide? <u>No</u>							



Name in Full		Jas J Brothers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Praddock</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND
	Date of death	1907	Month	9	Day	1	Age
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
	Occupation		Where Residing if not at place of death		<i>Washington D.C.</i>		
	Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>				
	Father's Name <i>Wm J Brothers</i>		Father's Birthplace <i>Calvert Md</i>				
	Mother's Maiden Name <i>Daisy Burger</i>		Mother's Birthplace <i>Frederick</i>				
	Name of person giving information <i>Wm J Brothers</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Enteric Colitis</i>		How long <i>7 days</i>				
	Immediate <i>Convulsions</i>		How long <i>1 Hour</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Hedger</i>				
			Address <i>Frederick</i>				
	Accident or Suicide? <i>X</i>						



Name
in
Full

CERTIFICATE OF DEATH

A. Child, Dorsey

Died at *Plane No. 4* ^{Town}County *Frederick* *W. 13* **MARYLAND**Date of death *1907* ^{Month} *9* ^{Day} *20th* Age *3 weeks old* ^{Years} *X* ^{Months} *X* ^{Days} *X*Sex *Male* Color or Race *Colored* Birth-place *Plane No 4*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *X* Name of Wife or Husband *Josephine Dorsey*Father's Name *Charles Dorsey* Father's Birthplace *No. 4 Br O.R.R*Mother's Maiden Name *Dont Know* Mother's Birthplace *dont Know*Name of person giving information *Frank Dorsey* How related to deceased *" "*

CAUSES OF DEATH

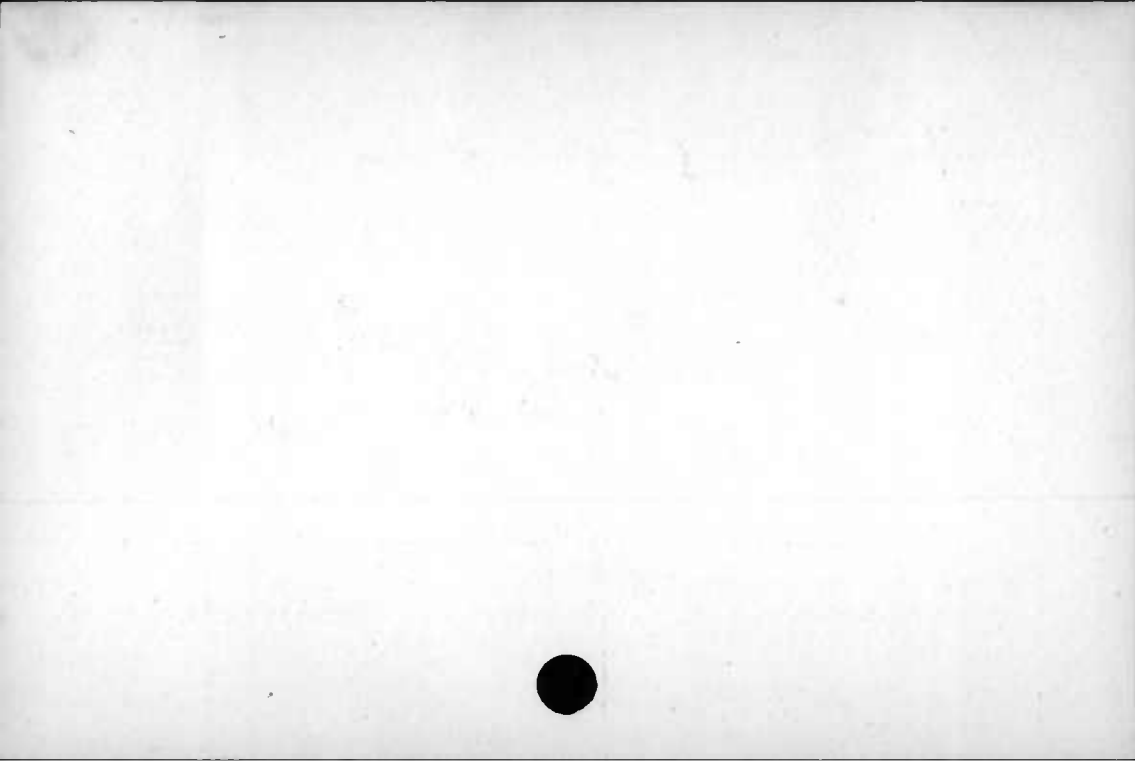
Primary *Take off, loss of flesh, (179)* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Geo. W. Smith, Sub-Registrar*Address *No. Market Dist. No. 9 Fredk. County, Maryland.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Anna Dotterer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

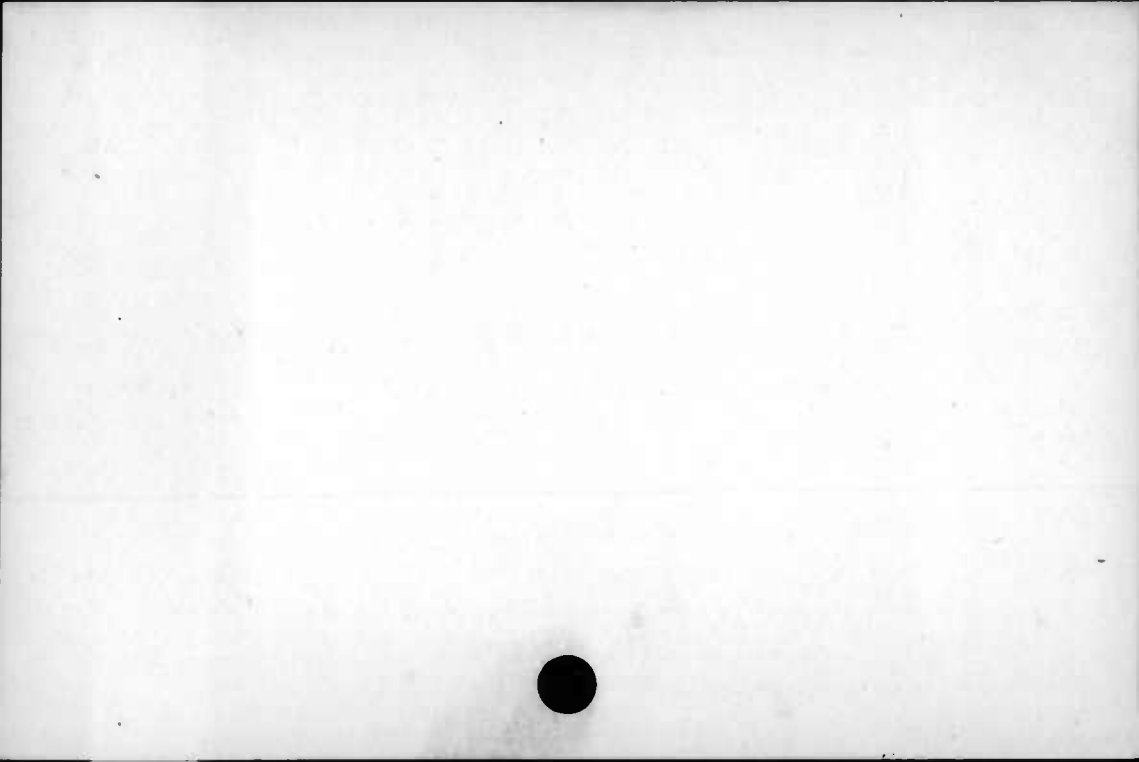
Died at		Town Presty Ridge		County Frederick		MARYLAND	
Date of death		1907	Month Sept.	Day 20	Age 80	Months —	Days —
Sex Female		Color or Race White		Birth- place Boonsboro, Md.			
Occupation None				Where Residing if not at place of death York, Pa.			
Married, Single or Widowed		Married		Name of Wife or Husband Joshua Dotterer			
Father's Name		David Barkman		Father's Birthplace		Germany	
Mother's Maiden Name		Rebecca Gayton		Mother's Birthplace		Boonsboro, Md.	
Name of person giving In formation		Wm. H. Dotterer		How related to deceased		Son	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Diarrhea	How long	2 weeks -
Immediate	Gum disease & debility	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. N. Miller	
Address		Detroit, Md.	
Accident or Suicide?		No	



Name
in
Full

Elizabeth A. Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

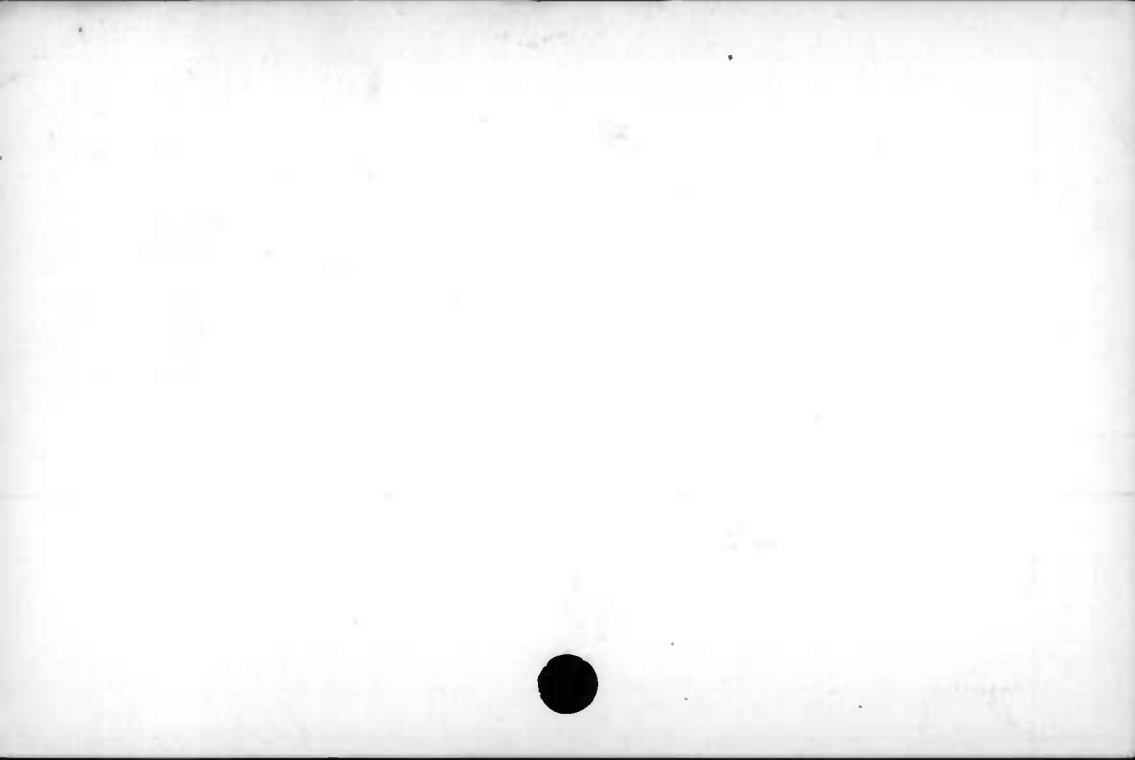
Died at <u>Churston</u> Town		<u>Fredrick</u> County		MARYLAND	
Date of death	1907	Month	Sept.	Day	30th
Age		90		Years	—
Months		20		Days	—
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>Domestic</u>		Birth-place	<u>near Urbana</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>Widow</u>		Name of Wife or Husband	<u>John Dutton</u>	
Father's Name	<u>Salomon F. Meelfuck</u>		Father's Birthplace	<u>near Urbana</u>	
Mother's Maiden Name	<u>Eleanor Stuard</u>		Mother's Birthplace	<u>not known</u>	
Name of person giving information	<u>Salomon M. Dutton</u>		How related to deceased	<u>Son</u>	

CAUSES OF DEATH

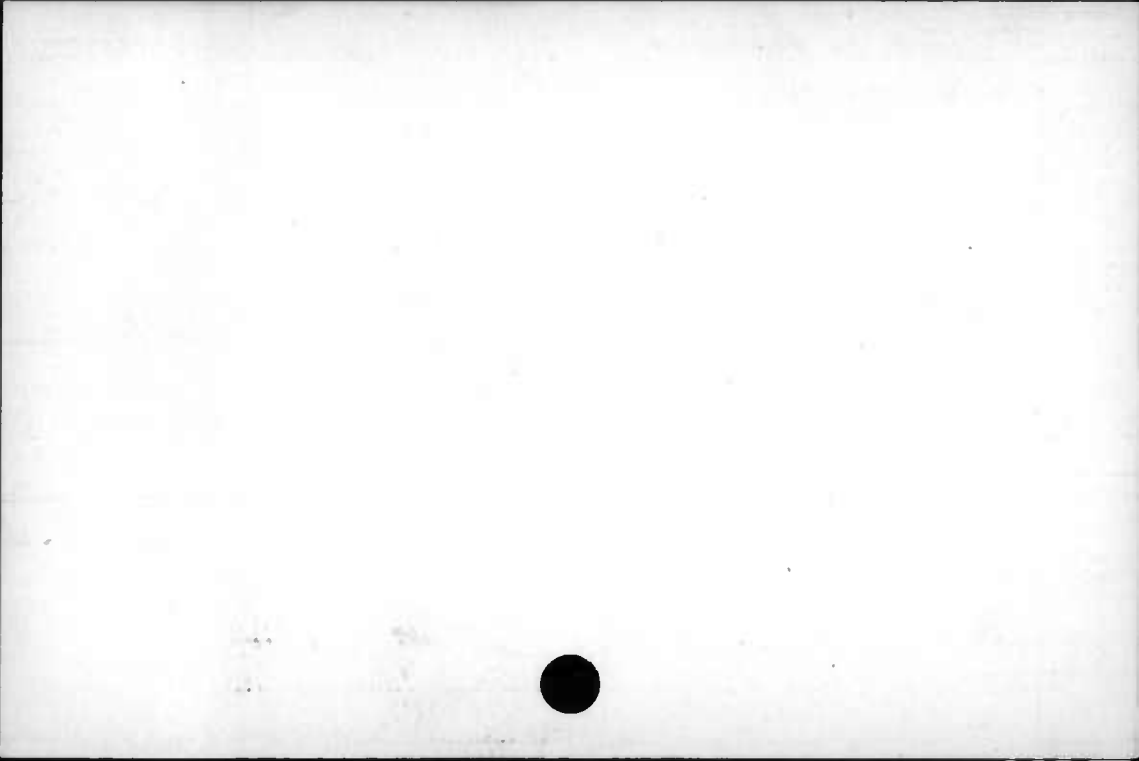
179

PHYSICIAN
OR CORONER

Primary	<u>General debility</u>	How long	<u>20 yrs.</u>
Immediate	<u>Heart failure</u>	How long	<u>two hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Benj. C. Perry, M.D.</u>	
		Address	
		<u>Urbana</u>	
Accident or Suicide?			
<u>9</u>		<u>md.</u>	



Name in Full Miss Mary A. Flanagan		County Frederick		CERTIFICATE OF DEATH	
Died at Winfield		Month Sept		Days 7	
Date of death 1907		Age 81		Months 11	
Sex Female		Color or Race White		Birthplace Ireland	
Occupation House Keeper		Where Residing if not at place of death at residence			
Married, Single or Widowed Single		Name of Wife or Husband [Signature]			
Father's Name Hugh Flanagan		Father's Birthplace Ireland			
Mother's Maiden Name Catherine Oak's		Mother's Birthplace "			
Name of person giving information Her Personal History		How related to deceased —			
CAUSES OF DEATH (154)					
Primary Senile General debility		How long Yes			
Immediate Heart Failure		How long instantaneous			
Are the name, age, sex, color, date and place correctly given above? They are		Signature of Physician [Signature]			
Address [Signature]		Address Frederick Md			
Accident or Suicide? 2					



Name
in
Full

Walter L. Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fredricks* ^{Town}*Fredrick* ^{County}Date of death *1907* ^{Month} *9*Day *12*Age *35* ^{Years}Months *4*Days *28*Sex *Male*Color or
Race*White*Birth
place*Maryland*

Occupation

*Bar Keeper*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Klein*Father's
Name*George Washington Frazier*Father's
Birthplace*Maryland*Mother's
Maiden Name*Rhodes Davidson*Mother's
Birthplace*2*Name of person giving
information*John Frazier*How related
to deceased*Brother*

CAUSES OF DEATH

Primary *Suicide by shooting.**166*

How long

Immediate

Postal shot after murdering

How long

*5 min*Are the name, age, sex, color, date
and place correctly given above?*Mollie V. Lewis*Signature of
Physician*Coroner**Ed E. Lewis*

Address

*Fredrick**W. d.*

Accident or Suicide?

Suicide.

Mooney
Sept 14 -

Name
in
Full

Maica Arlena Gehr

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Brunswick

Morris

Date

Month

Day

Years

Months

Days

of death

190

7 Sept

16

Age

6

11

18

Sex

Female

Color or
Race

white

Birth-
place

Brunswick

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Alonzo Gehr

Father's
Birthplace

W Va

Mother's
Maiden Name

Uriele F Moore

Mother's
Birthplace

W Va

Name of person giving
Information

Alonzo Gehr

How related
to deceased

Father

CAUSES OF DEATH

(155)

Primary

Auto poisoning

How long

2 1/2 hours

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Alton Moore

Brunswick

Maryland

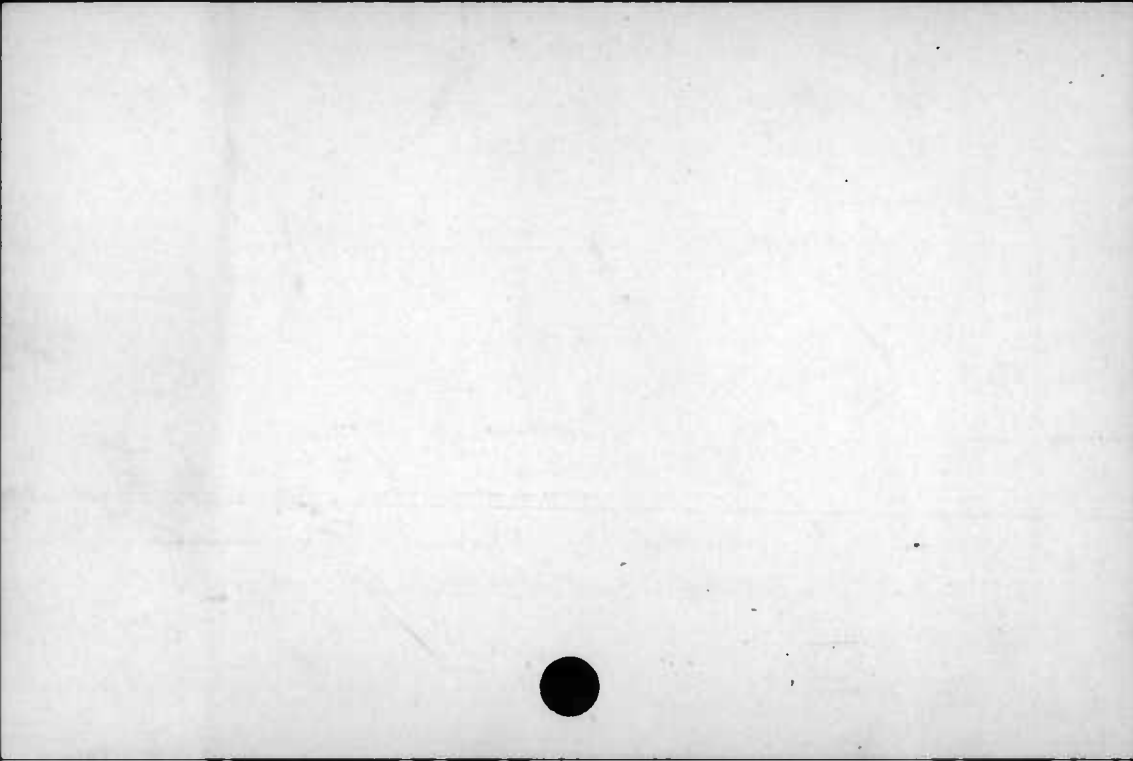
Accident or Suicide?

9

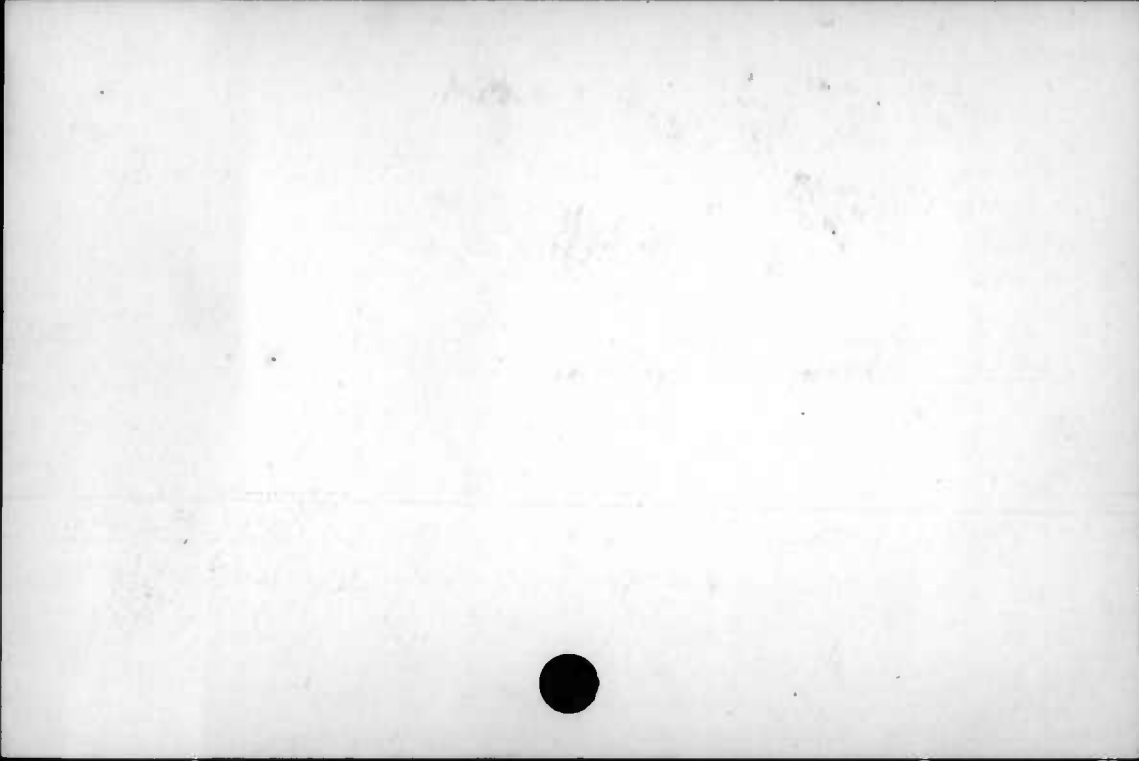


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Fredrick City</u> ^{Town}		<u>Fredrick Co</u> ^{County}		MARYLAND	
	Date of death	1907	Month	Sept	Day	8
	Age	75	Years	11	Months	4
	Sex	Male	Color or Race	White	Birth place	W.D.
	Occupation	Retired	Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband <u>Catherine Grov</u>				
	Father's Name	<u>George Hager</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>W.D. known</u>			Mother's Birthplace	<u>W.D. known</u>	
Name of person giving information	<u>Son Charles Hoyer</u>			How related to deceased	<u>Son</u>	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<u>Surgical Tuberculosis</u>			How long	<u>1 year</u>
	Immediate	<u>Pulmonary Tuberculosis</u>			How long	<u>3 mrs</u>
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<u>Frank H. Hedger</u>	
				Address	<u>Fredrick</u>	
	Accident or Suicide?			<u>9</u>		



Name
in
Full

John Haunmacker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Liberty town</u>		<u>Frederick</u>		MARYLAND	
Date of death 190	7	Month	Sept	Day	3 rd
Age		Years		Months	14
Sex	Male	Color or Race	White	Birth-place	Frederick Co
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

Frank Haunmacker

Washington
Frederick Co

Barbara Ensor

Carroll Co

B. F. Haunmacker

Father

CAUSES OF DEATH

Primary Leptömeningitis
Immediate Exhaustion

(61)

How long 14 hrs
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Chas B. Stone
Liberty town
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

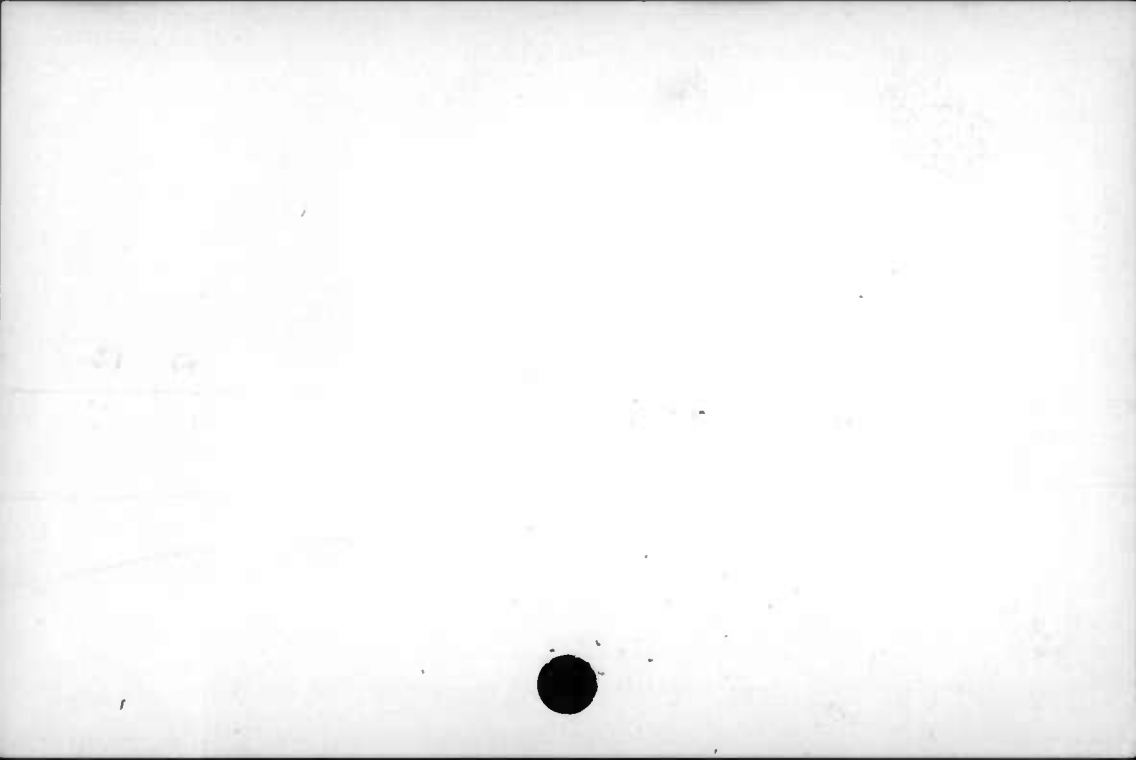
Name in Full <i>Mrs Catherine Harbaugh</i>		Town <i>Sabillasville</i>		County <i>Fredrick</i>		STATE MARYLAND	
Died at <i>Sabillasville</i>		Month <i>Sept</i>		Day <i>4</i>		Years <i>73</i>	
Date of death <i>1907</i>		Months <i>9</i>		Days <i>1</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Pennsylvania</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elias Harbaugh</i>					
Father's Name <i>Gonder</i>		Father's Birthplace					
Mother's Maiden Name <i>Hertman</i>		Mother's Birthplace					
Name of person giving information <i>L. Harbaugh</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>		How long <i>3 years</i>	
Immediate <i>Nephritis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. Stone</i>	
Address <i>Emminkin, Md.</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

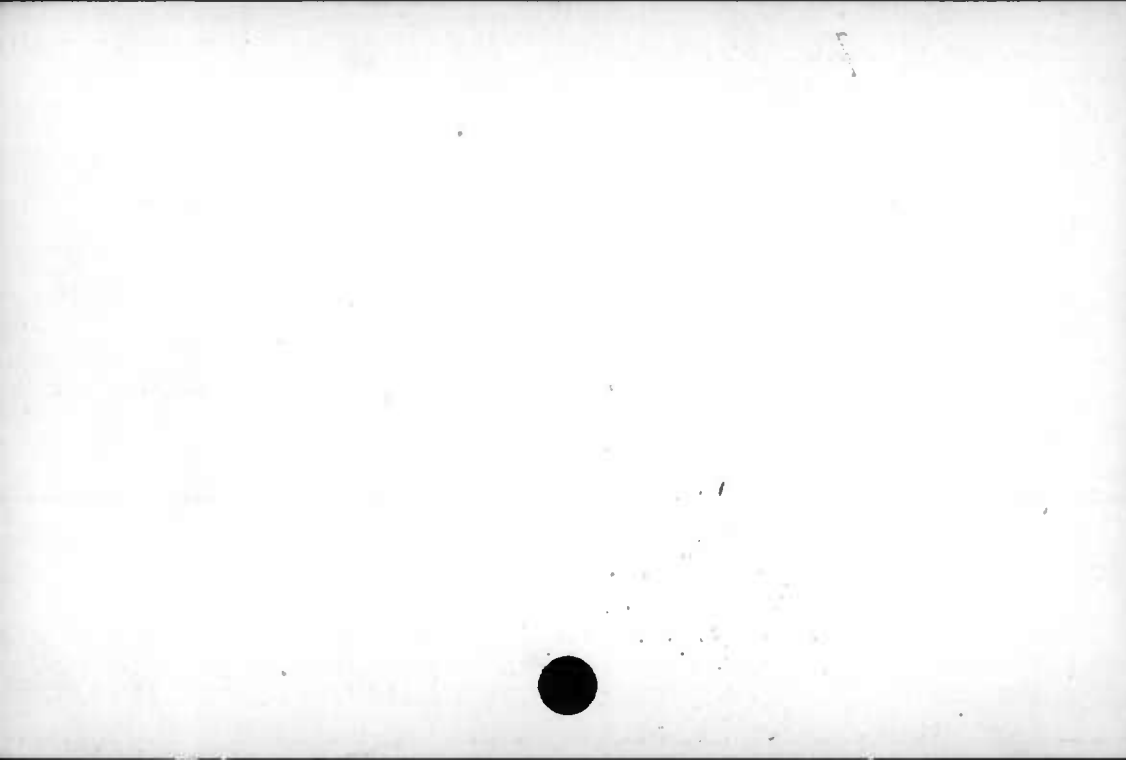
Died at <i>Indues</i>		County <i>Indues</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	8
Age	45	Years		Months	
Sex	Male	Color or Race	White	Birth-place	No one known
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of person giving information		A		How related to deceased	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Tail Road injury</i>	How long	<i>36 hours</i>
Immediate	<i>Premature Death</i>	How long	<i>About 8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. B. Johnson</i>	
		Address	
		<i>Indues</i>	
		<i>md.</i>	
Accident or Suicide?			



Name
in
Full

Gideon Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

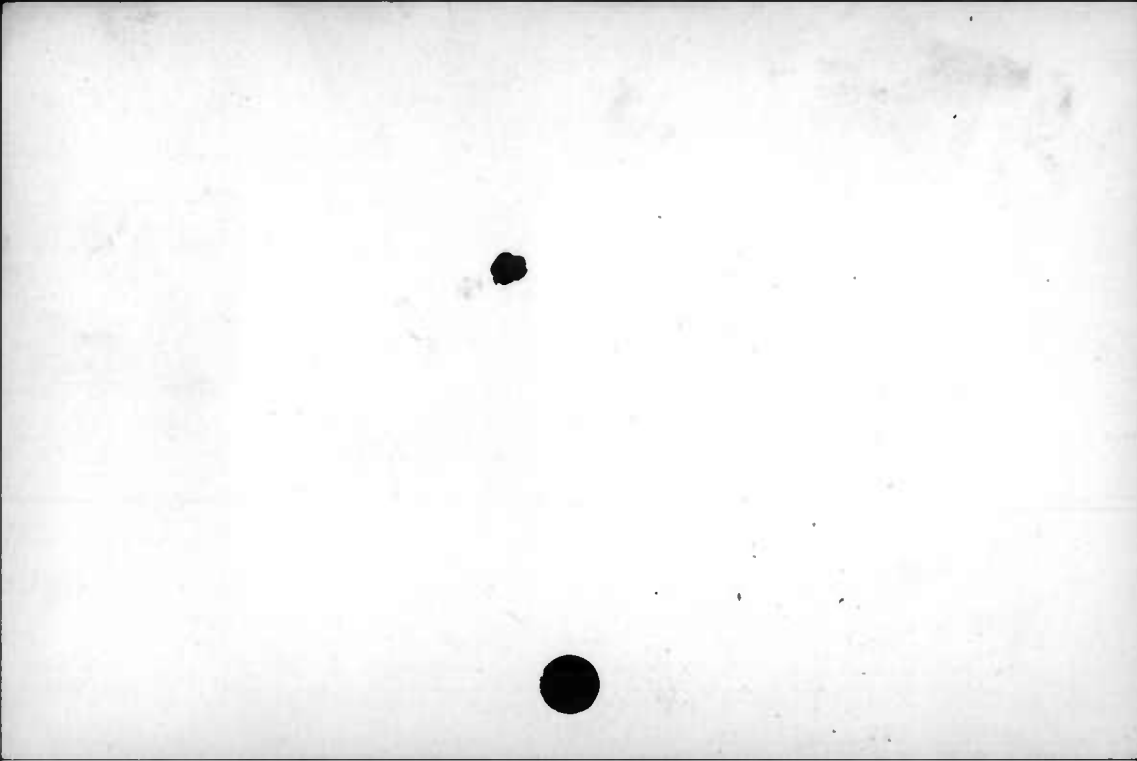
Died at ^{Town} <i>near Ellerton</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death	<i>1907</i>	^{Month} <i>Sept</i>	^{Day} <i>10</i>	^{Age} <i>67</i>	^{Years} <i>7</i> ^{Months} <i>26</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Shoe Maker</i>		Birth-place	<i>near Ellerton</i>	
Married, Single or Widowed	<i>Married</i>		Where Residing if not at place of death	<i>near Ellerton</i>	
Father's Name	<i>Jacob Hoover</i>		Name of Wife or Husband	<i>Fannie Hoover</i>	
Mother's Maiden Name	<i>Mary Warner</i>		Father's Birthplace	<i>Fredrick</i>	
Name of person giving information	<i>Fannie Hoover</i>		Mother's Birthplace	<i>unknown</i>	
			How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>3 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ralph Browning</i>
	<i>J.</i>	Address	<i>Myersville, Md</i>
Accident or Suicide?			



Name
in
Full

Sarah Houspl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

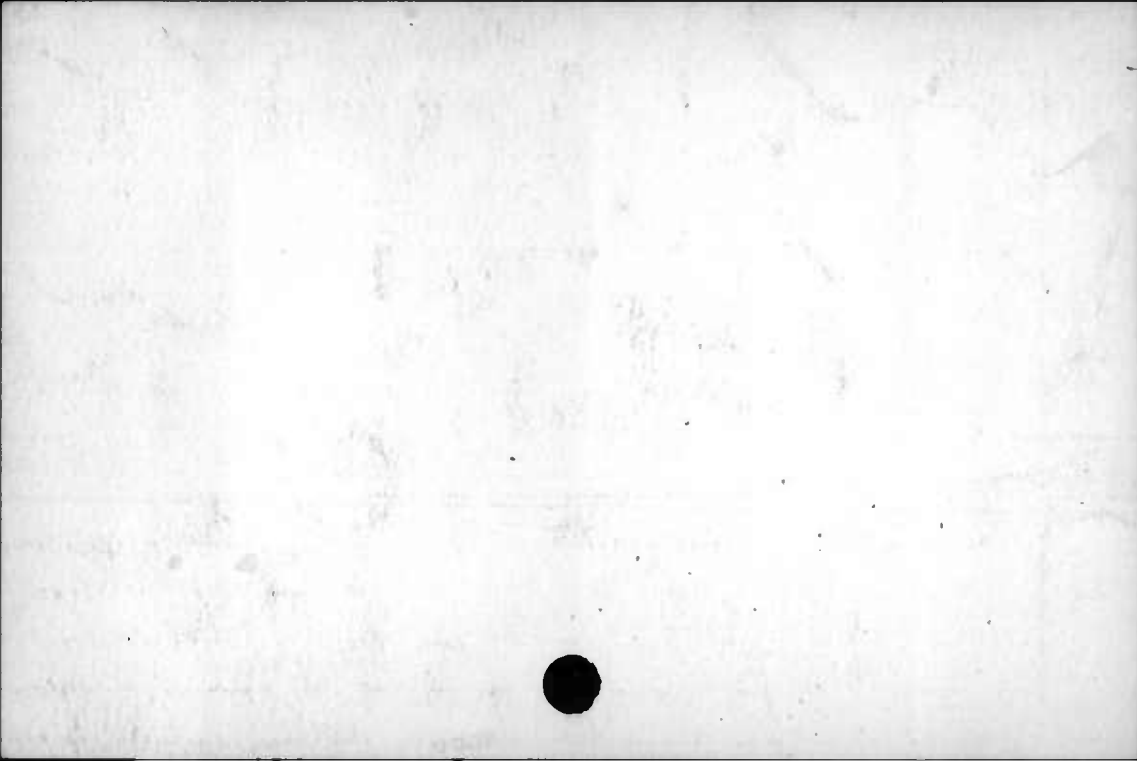
Died at <i>Froststown</i> ^{Town}		<i>Frederick Co.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>16th</i>	Age <i>90</i> ^{Years}	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fred Co</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacob Houspl</i>				
Father's Name <i>Jacob Longman</i>	Father's Birthplace <i>Fred Co</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Watenbacher</i>	Name of person giving information <i>Goe Houspl</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>6 weeks</i>
Immediate <i>Acute Indigestion</i>	How long <i>about 2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Smith</i>
<i>J.</i>	Address <i>Boonshower</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Thomas Jayson

Town *Marshall* County *Likendrick*

Died at *Marshall*

State *MARYLAND*

Date of death *1907* Month *9* Day *12* Age *58* Years Months *6* Days *2*

Sex *Male* Color or Race *W* Birthplace *Montgomery*

Occupation *Laborer* Where Residing if not at place of death

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Margaret Ellen Jayson*

Father's Name ✓ Father's Birthplace

Mother's Maiden Name ✓ Mother's Birthplace

Name of person giving information *Margaret E. Jayson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

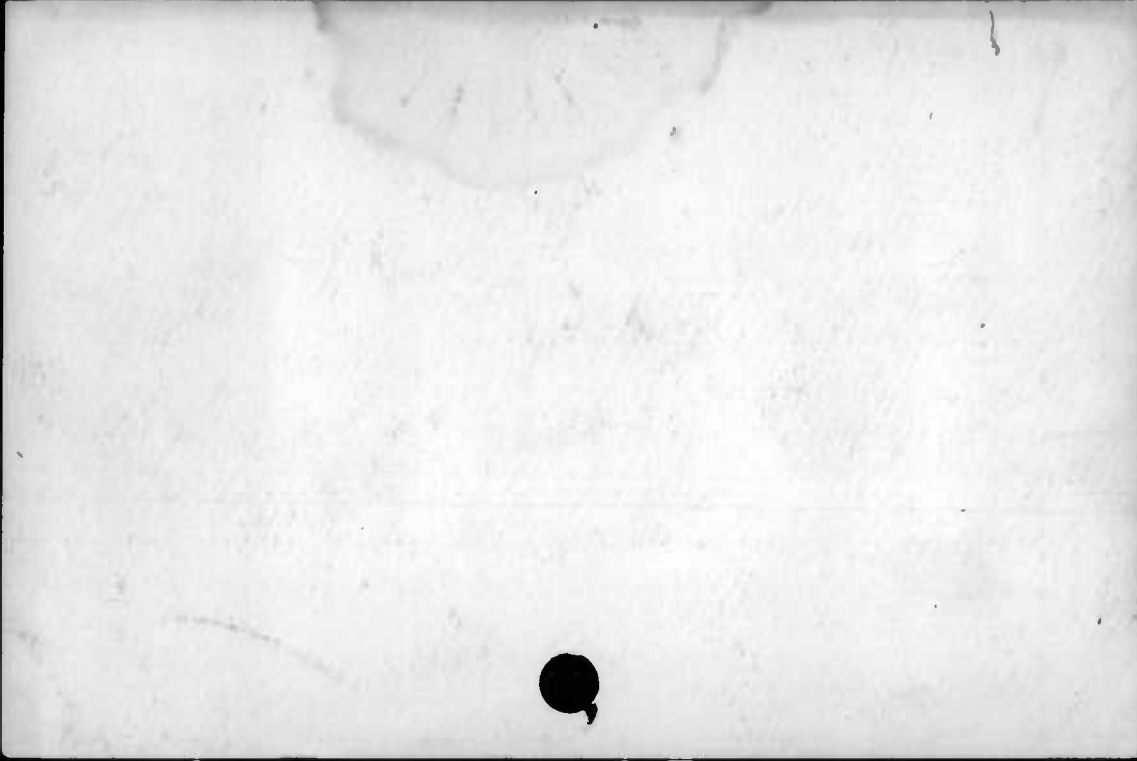
Primary *Rheumatism* How long *(17)*

Immediate *Heart failure* How long *W. B. F. Gordon. 170*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. R. Cochran*

Address *Undertaken*

Accident or Suicide? *Jefferson*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

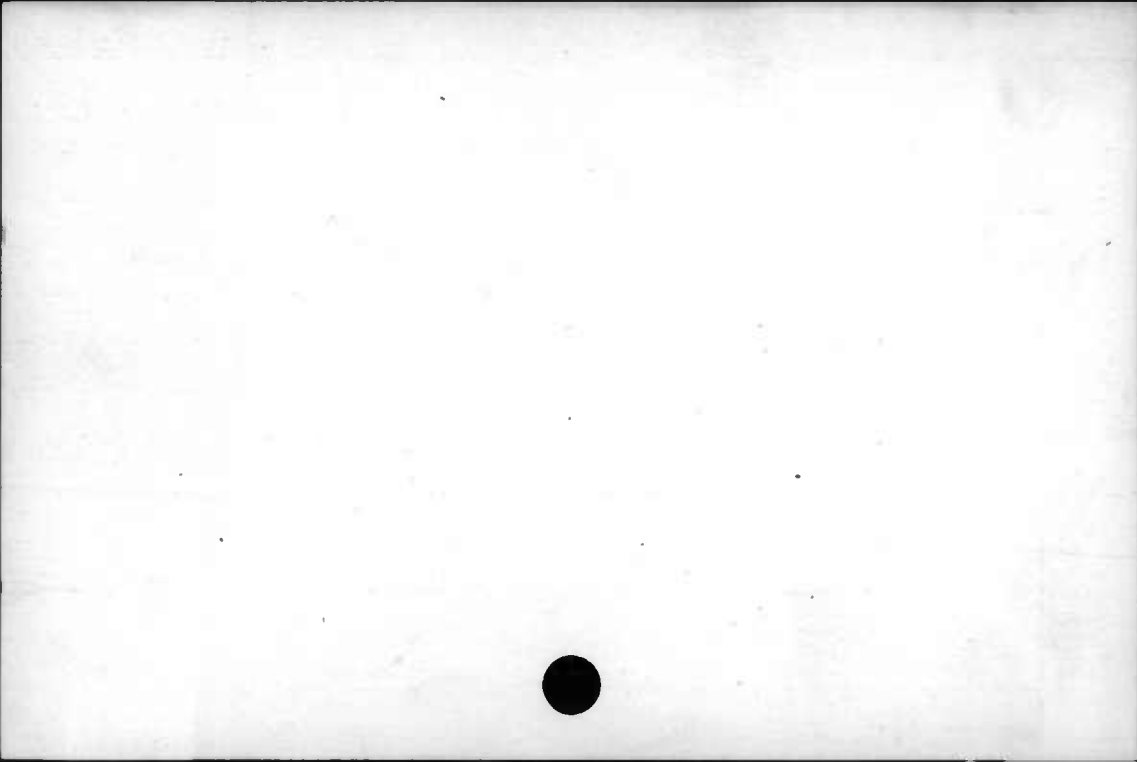
Died at <u>Brunswick</u> ^{Town}		<u>Fredrick</u> ^{County}	
Date of death <u>1907</u> ^{Month} <u>Sept</u> ^{Day} <u>14</u>	Age <u>10</u> ^{Years}	Months <u>10</u>	Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place <u>Brunswick Md</u>	
Occupation _____	Where Residing if not at place of death <u>Brunswick</u>		
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <u>Jacob Keckley</u>	Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Katie King</u>	Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Jacob Keckley</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

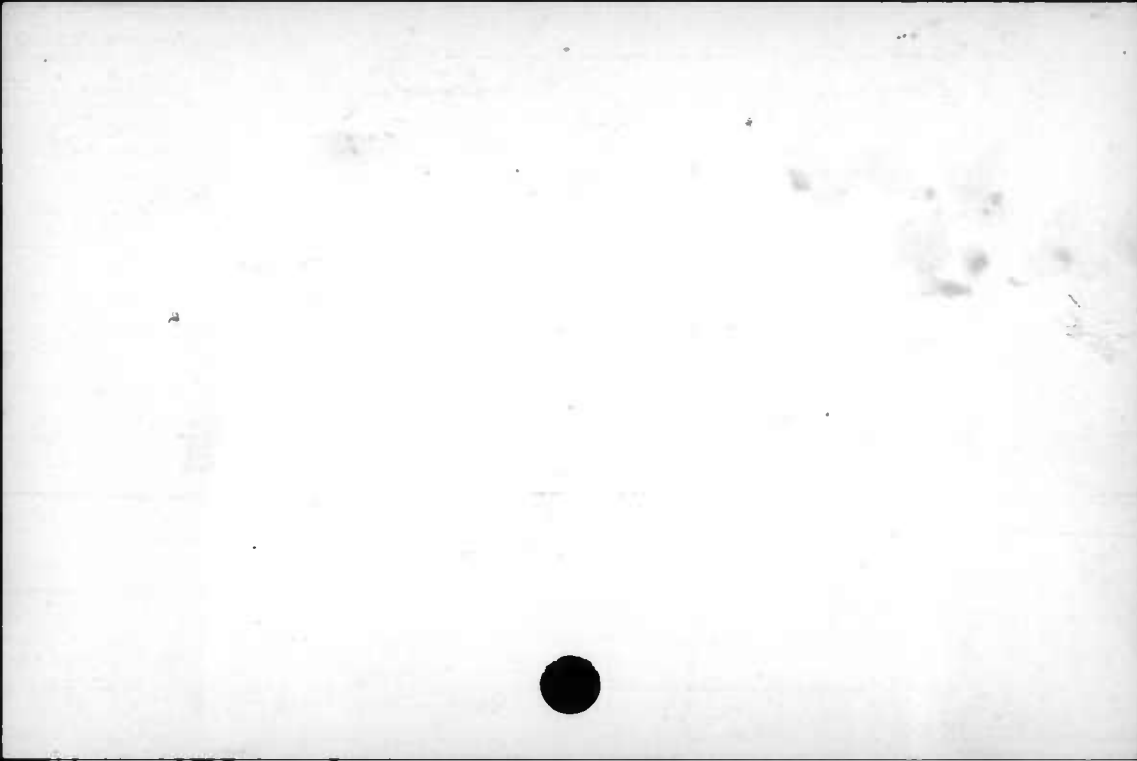
34

PHYSICIAN
OR CORONER

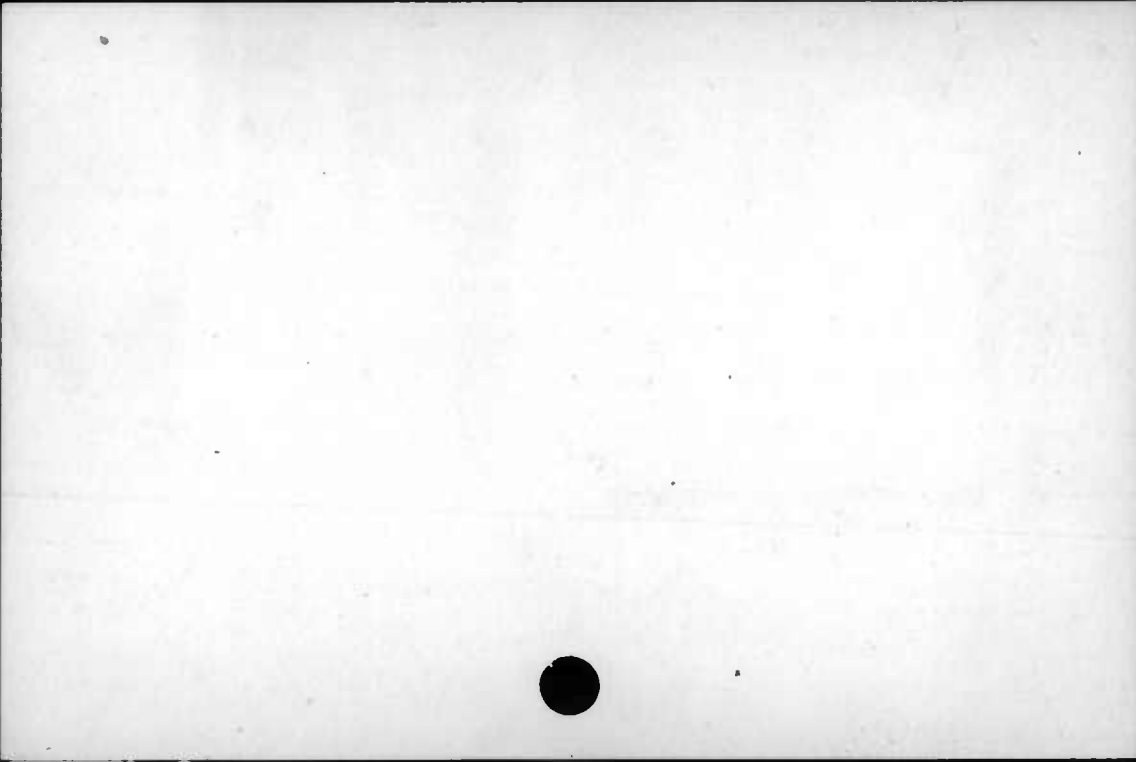
Primary <u>Anasemia</u>	How long <u>2 months</u>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Schamel</u>
	Address <u>Brunswick Md</u>
Accident or Suicide? _____	



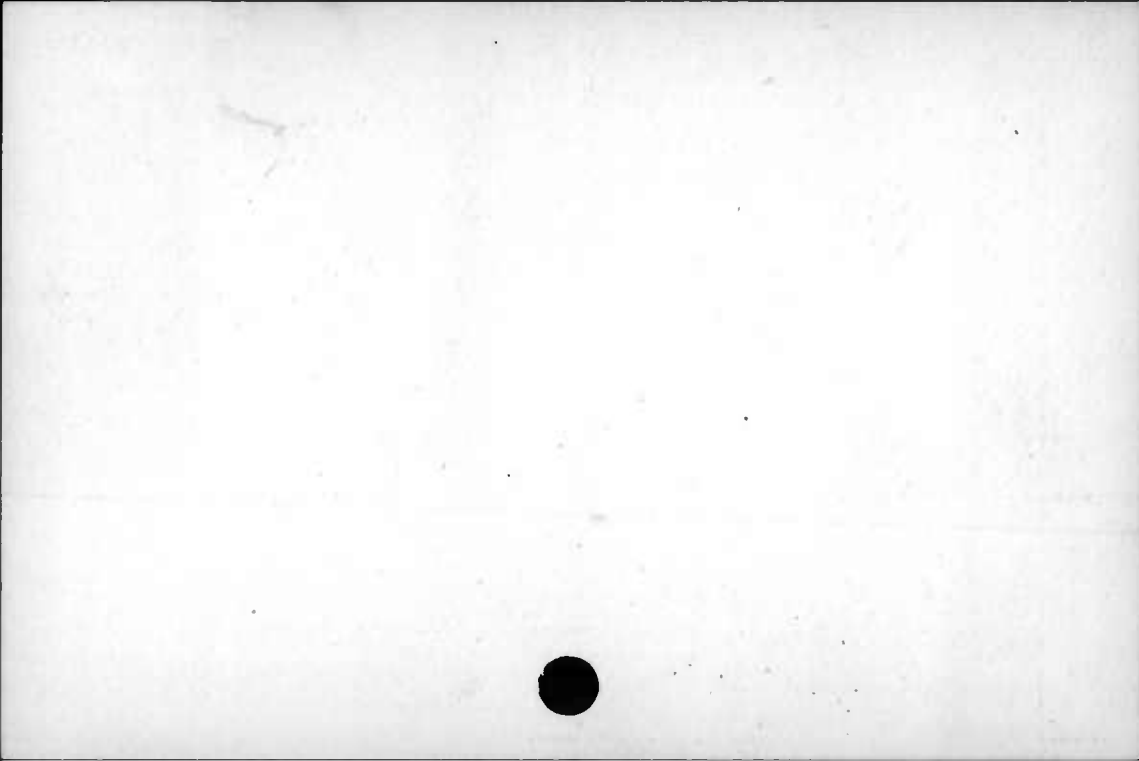
Name in Full		Kuhn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near Garfield		^{County} Frederick		MARYLAND		
	Date of death 1907	Month Sept	Day 26	Age —	Years —	Months 3	Days —
	Sex male		Color or Race white		Birth-place Garfield, Md.		
	Occupation Infant		Where Residing if not at place of death				
	Married, Single or Widowed Infant		Name of Wife or Husband				
	Father's Name Chester Kuhn				Father's Birthplace Md.		
	Mother's Maiden Name Bessie Draper				Mother's Birthplace Md.		
Name of person giving information Bessie Kuhn				How related to deceased mother			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary			(105)		How long	
	Immediate			Serious diarrhoea		How long 1 wk	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician A. J. Smith	
				Address		Woolsville Md.	
	Accident or Suicide?						



Name in Full		Mollie V Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Md</i>		MARYLAND
	Date of death	1907	Month	9	Day	12	Age
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Months <i>—</i>
	Occupation <i>Dress Maker</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Frank Lewis</i>				
	Father's Name <i>Addison Virky</i>		Father's Birthplace <i>Virginia</i>				
	Mother's Maiden Name <i>Rebecca Virky</i>		Mother's Birthplace <i>4</i>				
	Name of person giving information <i>Frank Lewis</i>		How related to deceased <i>Brother</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Murdered by Walter L. Fragier.</i>		How long		166		
	Immediate <i>Pistol shot</i>		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner <i>W. E. Ester</i>				
			Address <i>Frederick Md</i>				
	Accident or Suicide? <i>Homicide.</i>						



Name in Full		Maliaida Lowe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frederick		Frederick		MARYLAND	
	Date of death	1907	Month 9	Day 3	Age 81	Months —	Days 20
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Washington C. Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Theodore P. Lowe	
	Father's Name	Solomon Lowe				Father's Birthplace	Washington C. Md.
	Mother's Maiden Name	Julia Munnamaker				Mother's Birthplace	" "
Name of person giving information	Mrs. Renner				How related to deceased	Daughter	
	CAUSES OF DEATH						179
PHYSICIAN OR CORONER	Primary	Gris. Debility - (Senile)				How long	Yrs.
	Immediate	Asthma				How long	6
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of				J. J. McCune, Jr.		
Address				Frederick City			
Accident or Suicide?				9			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town <u>Brunswick</u>		County <u>Frederick</u>		STATE OF <u>MARYLAND</u>	
Date of death	Month	Day	Age	Years	Months	Days	
<u>1907</u>	<u>Sept.</u>	<u>29</u>	<u>39</u>		<u>4</u>	<u>21</u>	
Sex	Color or Race		Birth-place				
<u>Female</u>	<u>White</u>		<u>Carlisle, Pa</u>				
Occupation	Where Residing if not at place of death						
<u>Housewife</u>	<u>Brunswick</u>						
Married, Single or Widowed	Name of Wife or Husband						
<u>Married</u>	<u>Gerry McCormick</u>						
Father's Name	Father's Birthplace						
<u>Delaney</u>	<u>Pa</u>						
Mother's Maiden Name	Mother's Birthplace						
<u>Fair</u>	<u>Pa</u>						
Name of person giving information	How related to deceased						
<u>McCormick</u>	<u>Husband</u>						

CAUSES OF DEATH

42

Primary Carcinoma of Uterus
Immediate Peritonitis

How long 1 year or longer

How long 2 days

Are the name, age, sex, color, date
and place correctly given above?

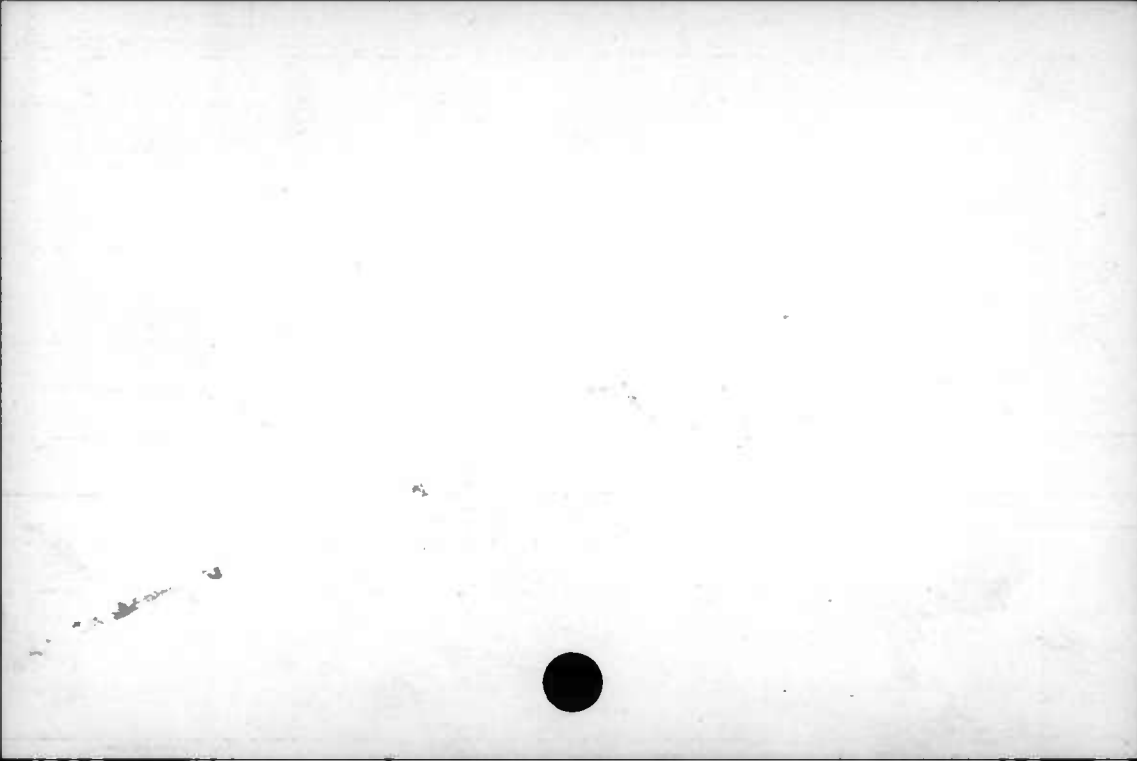
Yes

Signature of Physician

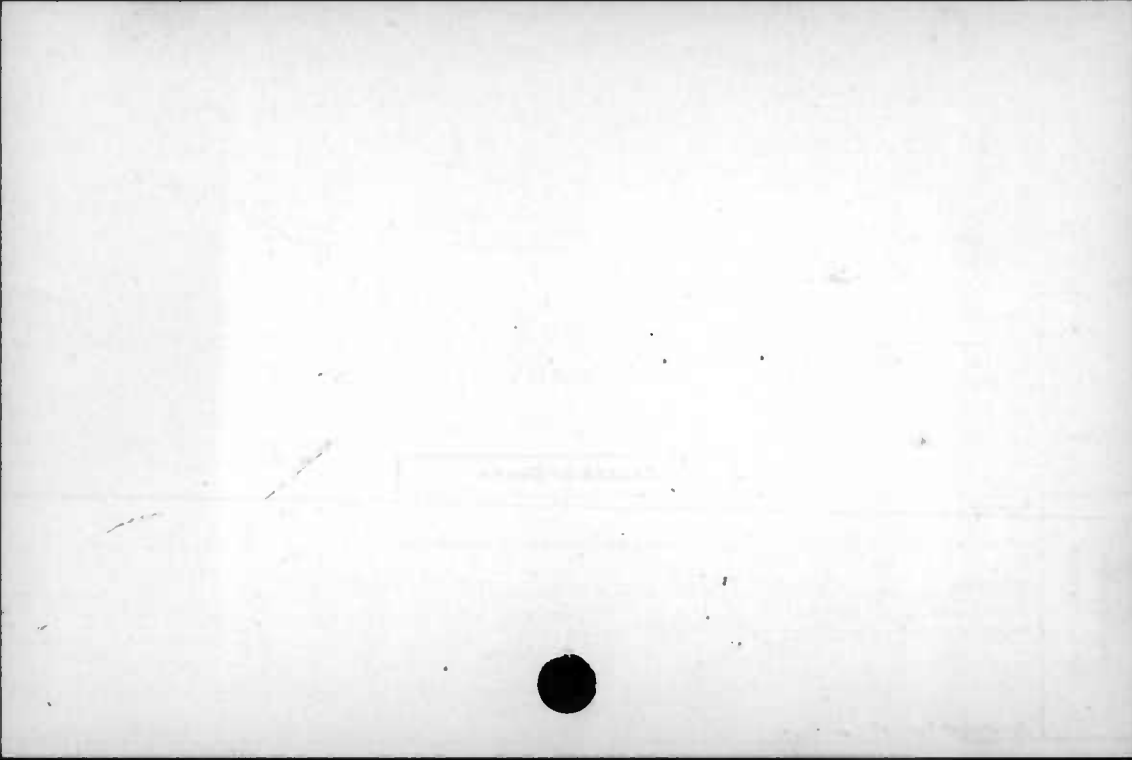
Address

C. W. C. C. C. C.
Brumwick
Md.

Accident or Suicide?



Name in Full		Omega M ^c Gaha				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Brunswick		County Frederick		MARYLAND	
	Date of death		1907	Month Sept	Day 17	Age Years 1	Months —	Days 3
	Sex		Female		Color or Race white		Birth- place Md	
	Occupation —				Where Residing if not at place of death —			
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Melvin Fred M ^c Gaha		Father's Birthplace		Va	
	Mother's Maiden Name		Beulah G. Harris		Mother's Birthplace		Md.	
	Name of person giving in information		Frederick W. M ^c Gaha		How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		In accident			How long		6 months
	Immediate		in accident			How long		
	Are the name, age, sex, color, date and place correctly given above?			ja			Signature of Physician	
				Address			L. H. Hunt Brunswick Frederick Co	
	Accident or Suicide?							



Name
in
Full

Infant of Edward Merryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

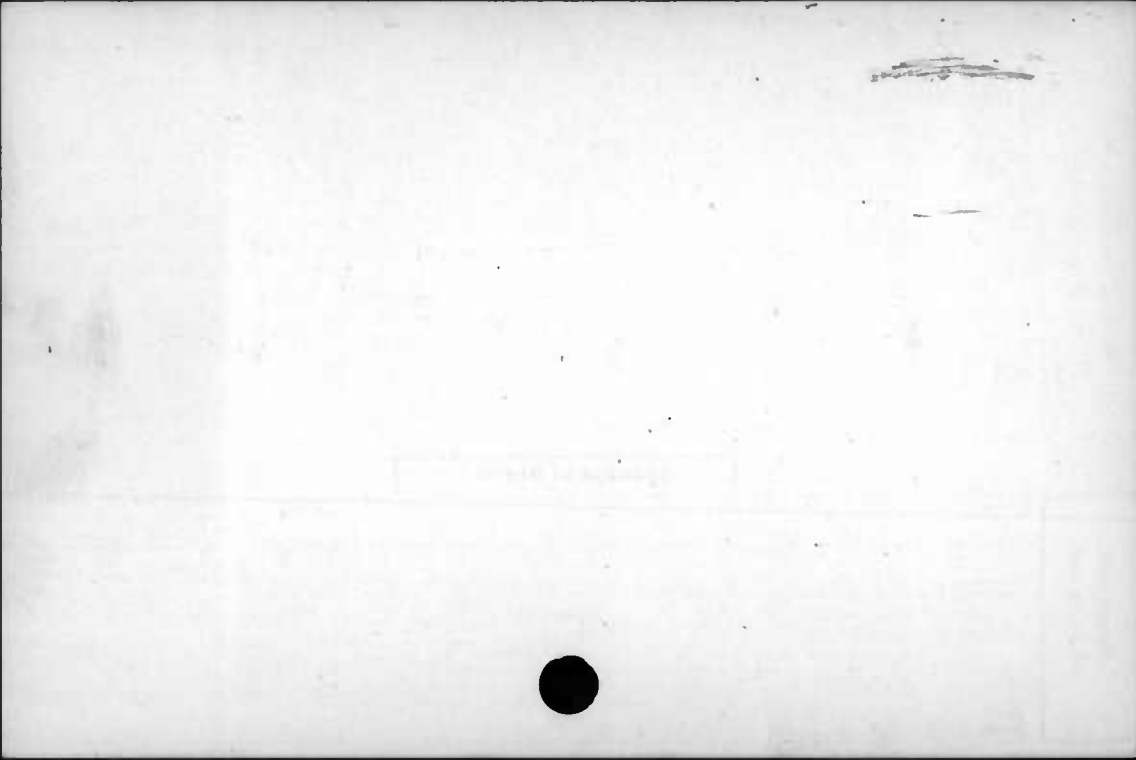
Died at		Town Brewersville		County Frederick		MARYLAND	
Date of death		Month Sept		Day 18		Age Years Months Days 2	
Sex male		Color or Race white		Birth- place Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name		Edward W. Merryman		Father's Birthplace		Md	
Mother's Maiden Name		Mary Catharine Anderson		Mother's Birthplace		Md	
Name of person giving information		Mary Catharine Anderson		How related to deceased		mother	

CAUSES OF DEATH

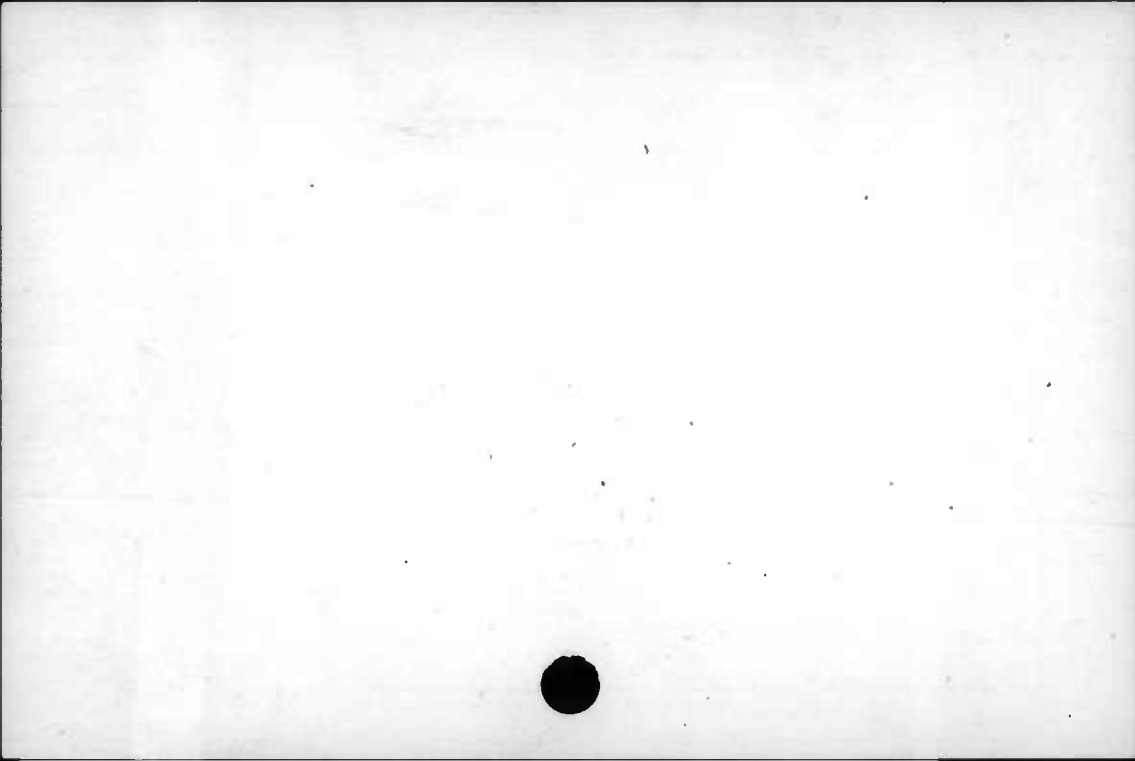
150

PHYSICIAN
OR CORONER

Primary		Congenital malformation		How long 2 days	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Lem Hart	
				Address Brewersville - Frederick Co	
Accident or Suicide?					



Name in Full		Rhea C. Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Wolfsville	County Frederick		MARYLAND		
	Date of death	1907	Month Sept.	Day 7	Age Years 1	Months —	Days 22	
	Sex	Female		Color or Race	white		Birth- place	near Wolfsville
	Occupation	Infant		Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name	Ralph Miller				Father's Birthplace	Md.	
	Mother's Maiden Name	Carma Lizzor				Mother's Birthplace	Md.	
Name of person giving In formation	E. J. Stottmeyer				How related to deceased	uncle		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>								
PHYSICIAN OR CORONER	Primary						How long	
	Immediate		Cholera Infantum				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. J. Smith	
					Address		Wolfsville	
	Accident or Suicide?						Md.	



Name
in
Full

Mary Elizabeth Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

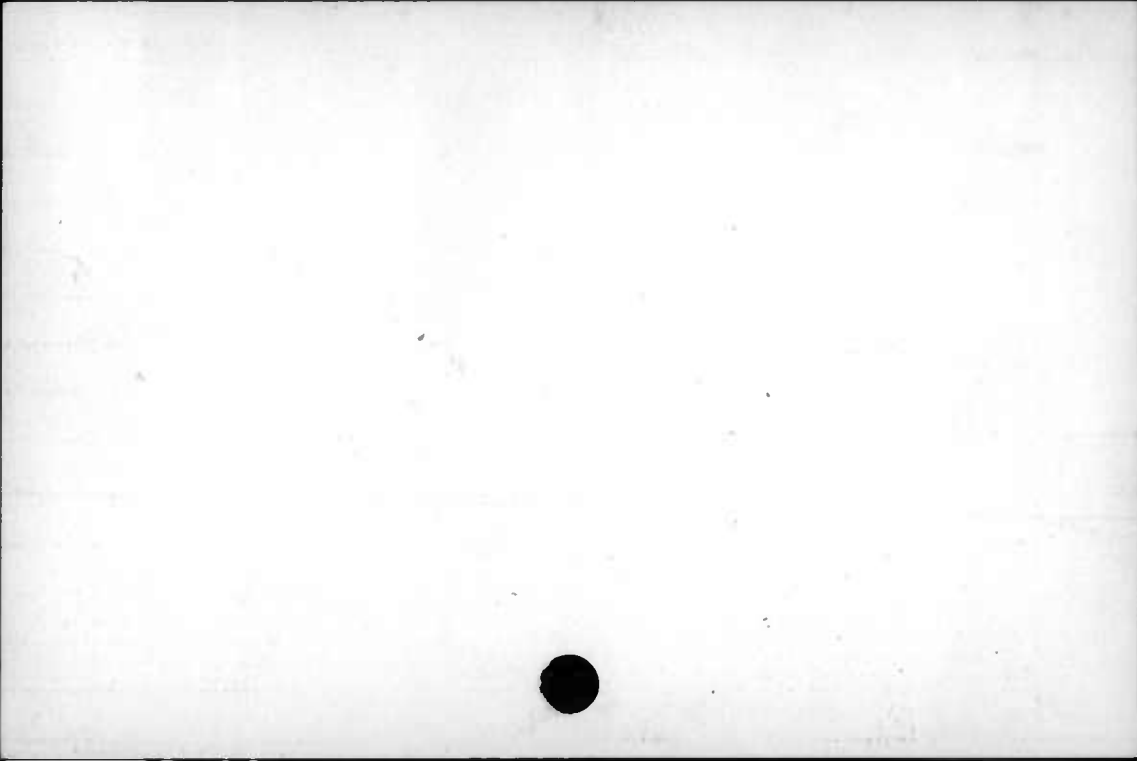
Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>9</i>	Day	<i>3</i>
Age		<i>85</i>	Years	<i>—</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Retired N.C.W.</i>	Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed		Name of Wife or Husband <i>John J. Moore</i>			
Father's Name		<i>Isaac Wyong</i>		Father's Birthplace	<i>N. Va</i>
Mother's Maiden Name		<i>Elizabeth P. Baer</i>		Mother's Birthplace	<i>Md</i>
Name of person giving information		<i>Frank Moore</i>		How related to deceased	<i>Grandson</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>1 Year</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. J. Goodlee, M.D.</i>	
Address		<i>Frederick, Md</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Wilson Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

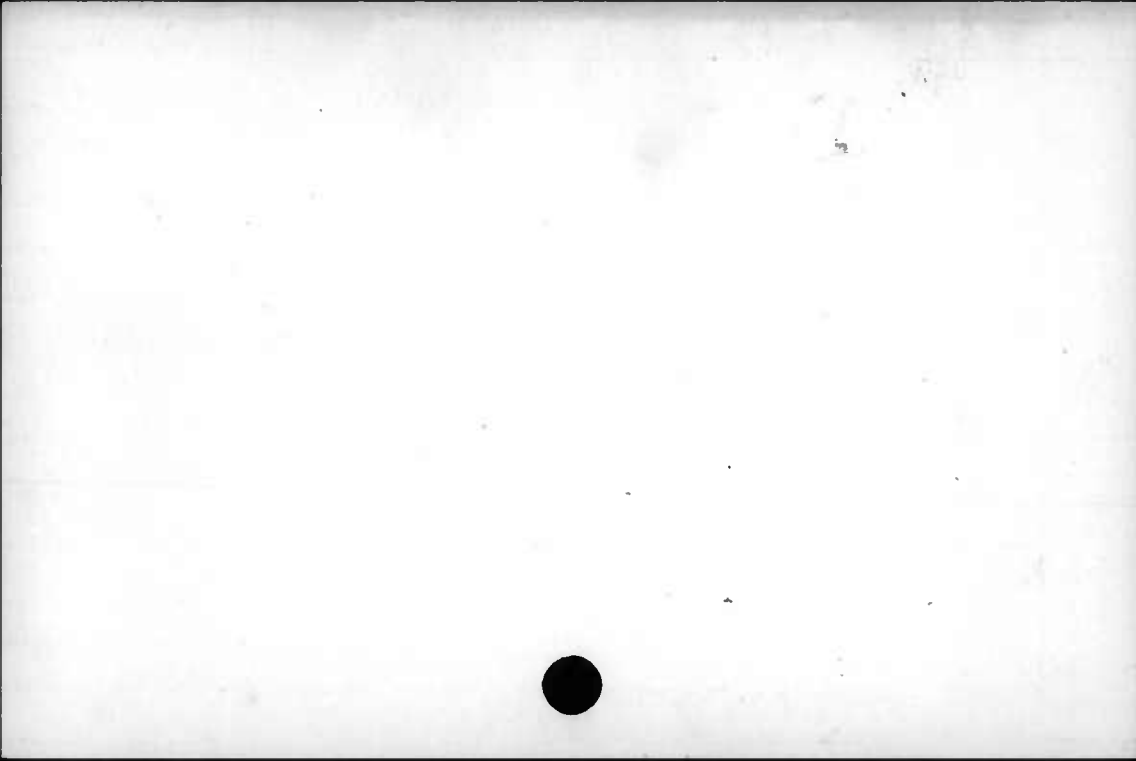
Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>19</i>	Age <i>75</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Idaho</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Unknown</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Coroner</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

197

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Asthma</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Long</i>
	Address <i>Calif.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

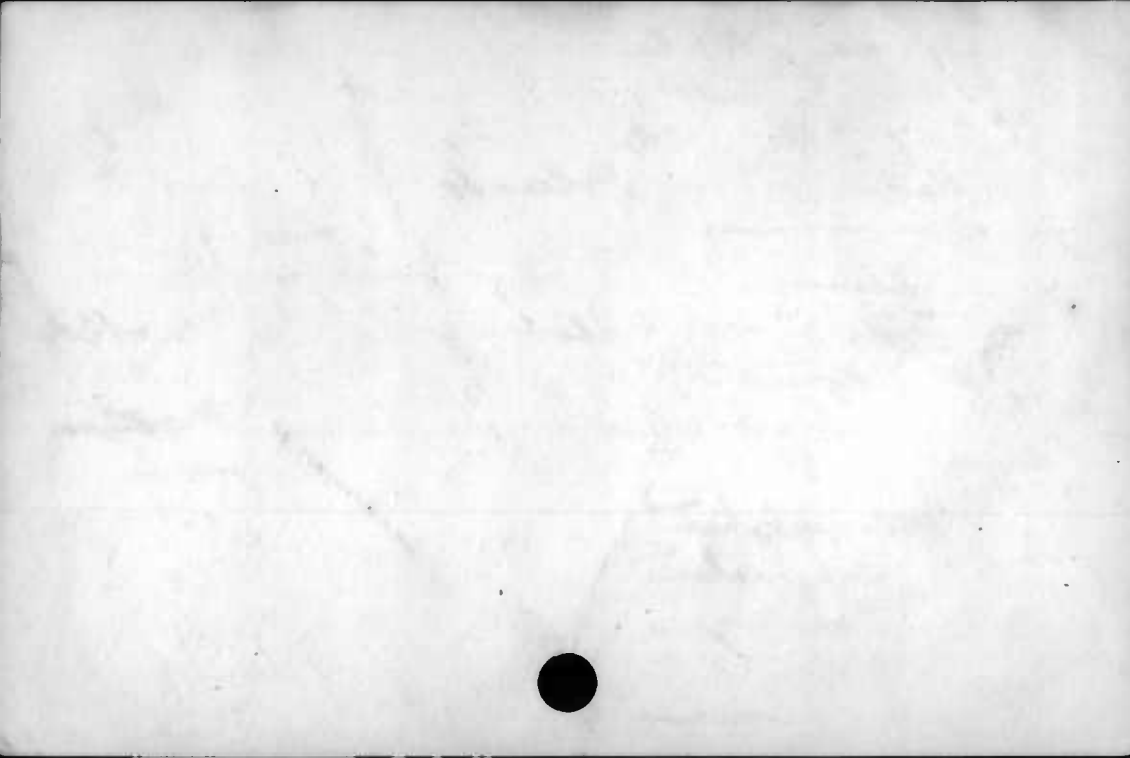
MARYLAND

Died at <i>Friederich</i>		Town <i>Friederich</i>		County <i>Friederich</i>	
Date of death	1907	Month	9	Day	22
Age	—		Years	—	
Sex	Male		Color or Race	Black	
Occupation	—		Birth-place	City	
Married, Single or Widowed			Where Residing if not at place of death		
Single			Same		
Father's Name			Father's Birthplace		
George Nelson			Md		
Mother's Maiden Name			Mother's Birthplace		
Blanche Plandy			"		
Name of person giving information			How related to deceased		
Geo Nelson			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	<i>14 days</i>
Immediate	<i>Cholera</i>	How long	<i>14</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
—		—	
Accident or Suicide?		—	



Name
in
Full

Charles Edward Perkins

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

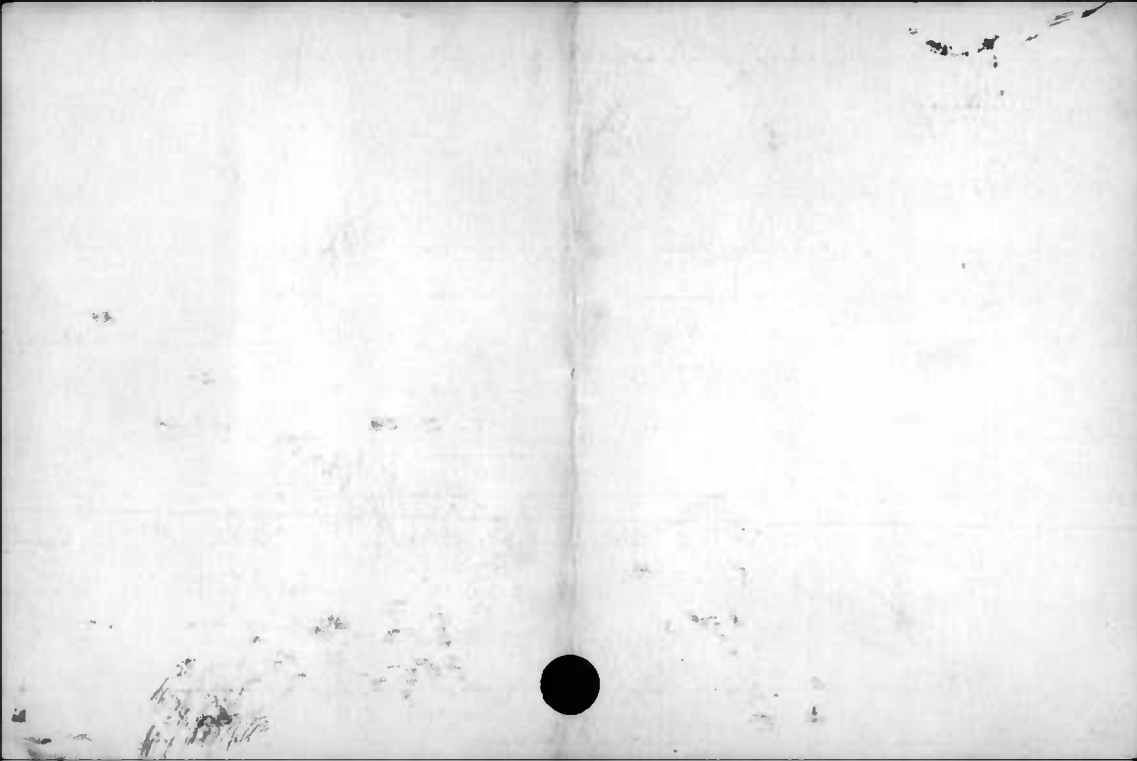
Died at <u>Reels mill</u>		County <u>Fredrick</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>September</u>	Day <u>28th</u>	Years <u>6</u>	Months <u>2</u>	Days <u>31</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Fredrick</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Reels mill</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Charles Edward Perkins</u>			Father's Birthplace <u>Fredrick</u>		
Mother's Maiden Name <u>Mary E. Obrian</u>			Mother's Birthplace <u>Fredrick</u>		
Name of person giving information <u>(Mother) Mrs Perkins</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

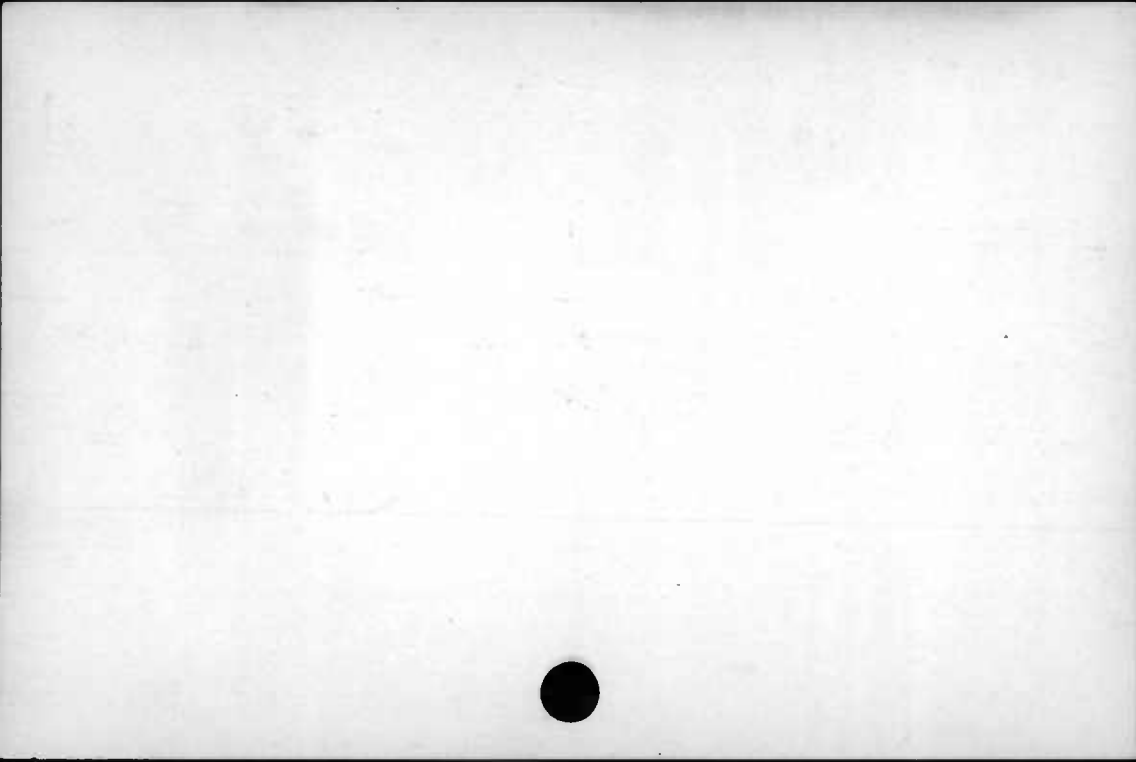
93

PHYSICIAN
OR CORONER

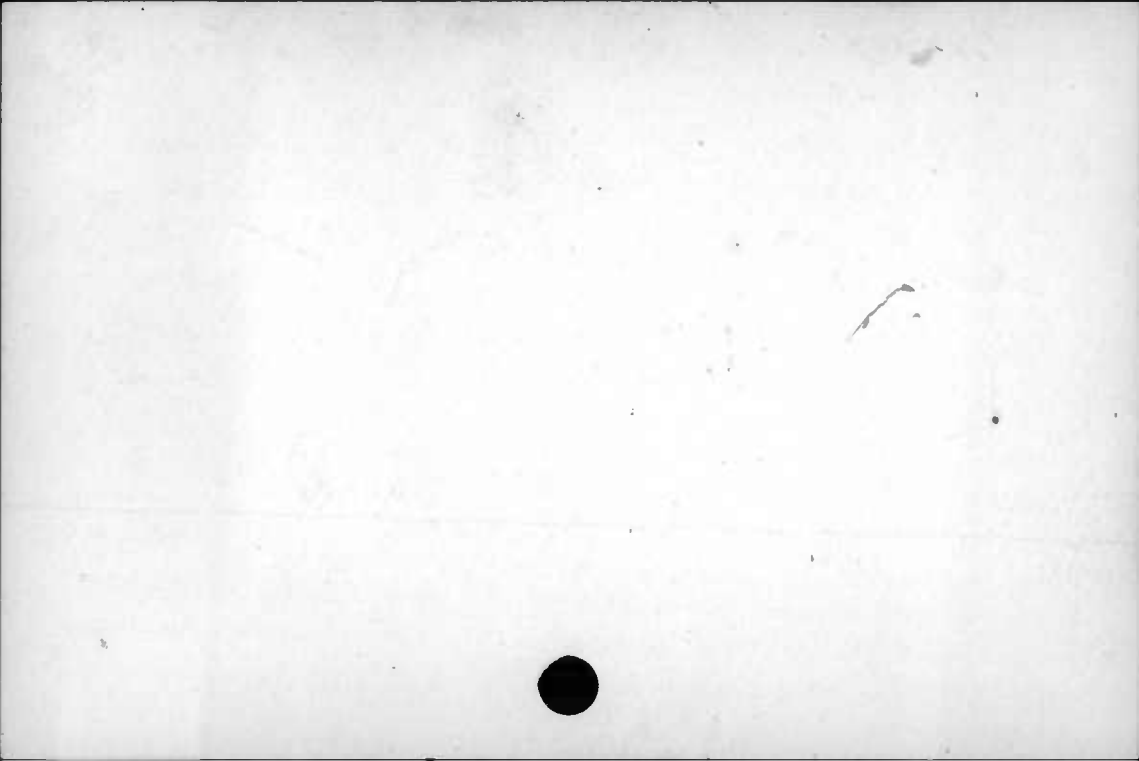
Primary <u>Pneumonia</u>	How long <u>One week</u>
Immediate <u>Heart Failure</u>	How long <u>One hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Benj. C. Perry M.D.</u>
	Address <u>urbana</u>
	<u>md.</u>
Accident or Suicide? <u>—</u>	



Name in Full		Procter				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Buckeys town		County Frederick		MARYLAND			
	Date of death 190	7	Month Sept	Day 24	Age	Years	Months 1	Days	
	Sex	Female		Color or Race Colored		Birth-place		red	
	Married, Single or Widowed	Single		Occupation					
	Name of Wife or Husband								
	Father's Name Unknown				Father's Birthplace Unknown				
	Mother's Maiden Name Reuth Procter				Mother's Birthplace red				
Name of person giving information J. H. Chiswell				How related to deceased none					
<div>CAUSES OF DEATH</div> <div>151</div>									
PHYSICIAN OR CORONER	Primary	Marasmus				How long since birth			
	Immediate					How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
	Yes				None as attendance				
				Address					
				H. Clyde Procter					
Accident or Suicide?				Buckeys town Sub Reg.					



Name in Full		Certificate of Death			
Mary Ellen Reinhardt.		Town Frederick		County Frederick	
Died at		MAYLAND			
Date of death	1907	Month 9	Day 4	Age 4	Years 4
Sex Female	Color or Race White	Birth-place Frederick	Months 0	Days 7	
Occupation	Where Residing if not at place of death		Same		
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Wilbert Reinhardt	Father's Birthplace Fr. Co Md				
Mother's Maiden Name Ada S. Boesht.	Mother's Birthplace Frederick				
Name of person giving information Wilbert Reinhardt	How related to deceased Father				
CAUSES OF DEATH					
Primary	Accidental (C. P.) injuries			How long	5 min
Immediate	Choke			How long	
Are the name, age, sex, color, date and place correctly given above?			yes		
Signature of Physician or Coroner			Address		
Accident			Accident		



Name
in
Full

William H. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

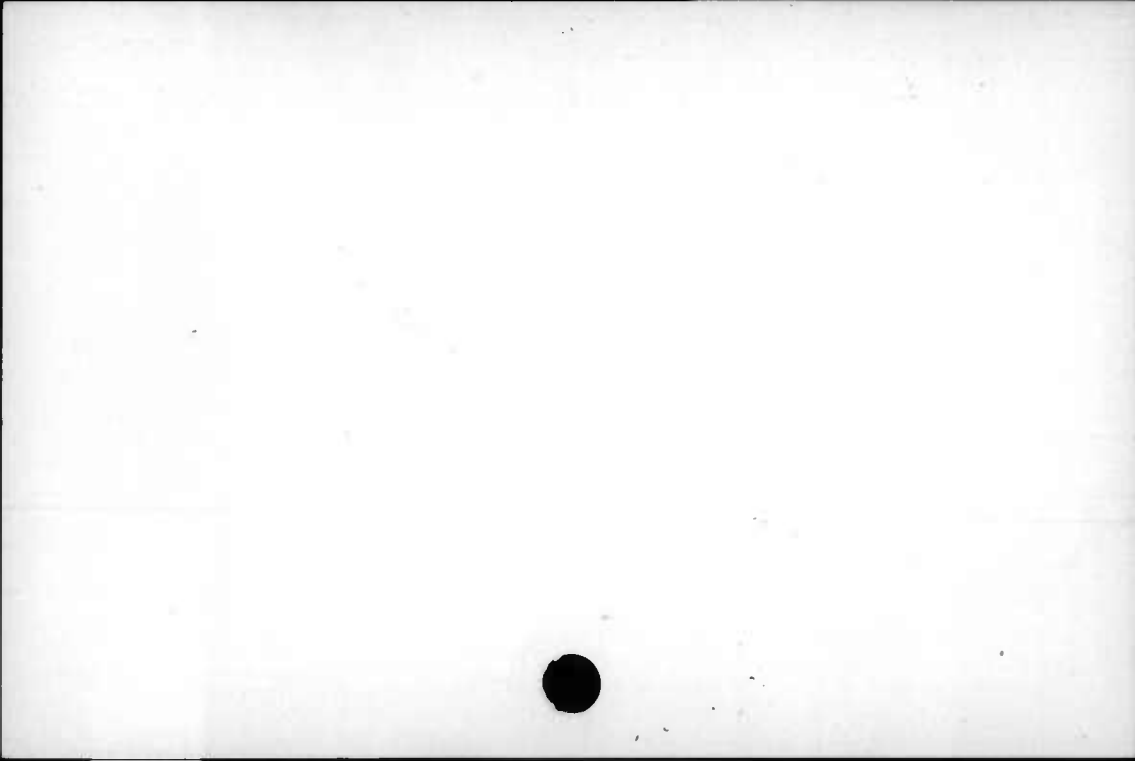
Died at		Town <i>Fredricks</i>		County "		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	11	72		5	21
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>MD</i>
Occupation	<i>Retired Farmer</i>			Where Residing if not at place of death +			
Married, Single	Name of Wife or Husband			<i>Sarah Beall</i>			
Father's Name	<i>Wm. H. Roberts</i>				Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>No records</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Mr Roberts</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Intussusception of Bowels</i>	How long	<i>36 hours</i>
Immediate	<i>Rupture of Bowel - Echymosis</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. F. Goodenow</i>
		Address	<i>Fredricks. MD</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

William Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

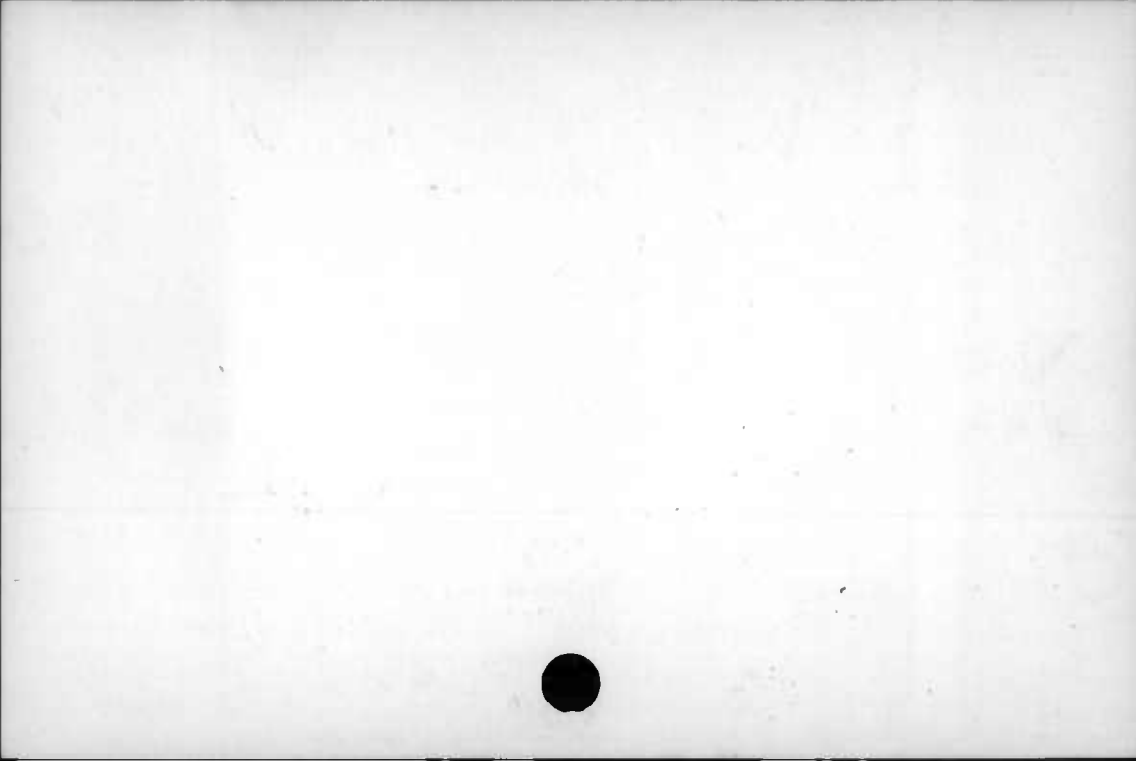
Died at <i>Frederick</i> Town			<i>Frederick</i> County			MARYLAND		
Date of death <i>1907</i>		Month <i>Sept</i>	Day <i>19</i>	Age <i>23</i>		Years	Months <i>8</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>City - Frederick</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Frederick</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Dorsey</i>						
Father's Name <i>William Robinson</i>		Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Laura Jounsil</i>		Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Laura Jones</i>		How related to deceased <i>Wife</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. M. G. Bowring</i>
<i>J</i>	Address <i>Frederick, Md</i>
Accident or Suicide? <i>—</i>	<i>—</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

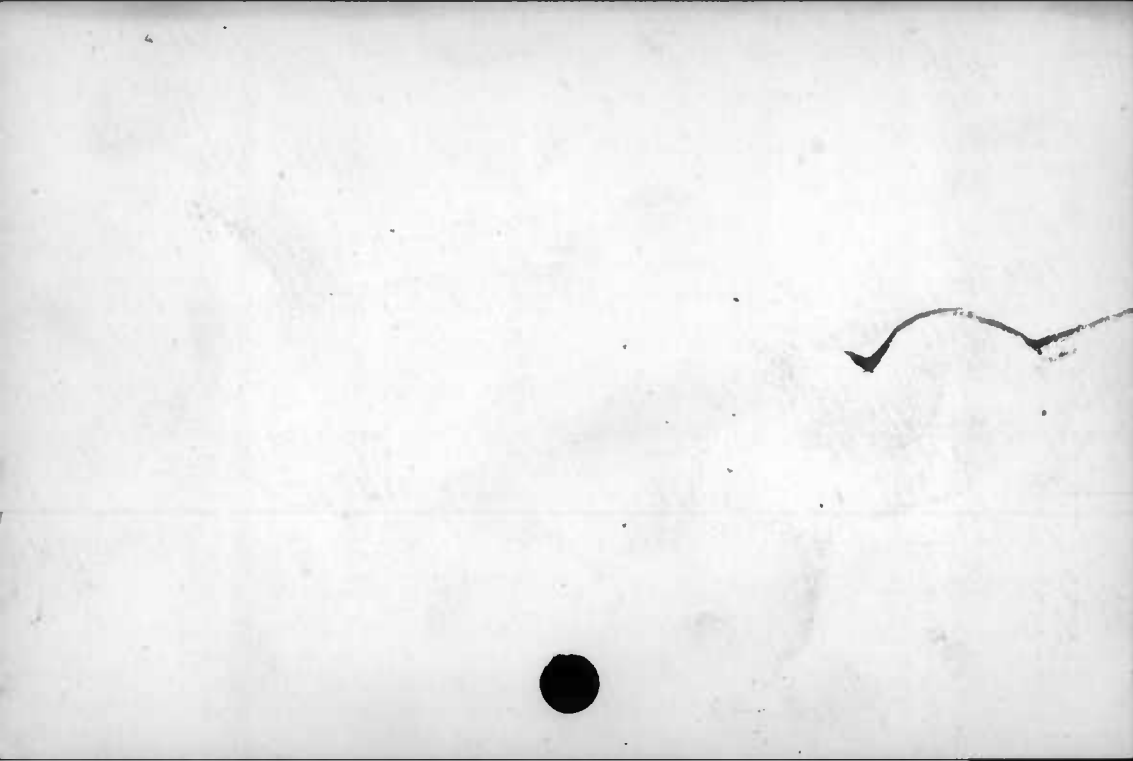
Died at <i>Mt. St. Mary's</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>14</i>
		Age	<i>67</i>	Years	
				Months	<i>7</i>
				Days	<i>16</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa</i>
Occupation	<i>House Keeper</i>		Where Residing if not at place of death <i>Same as above</i>		
Maided , Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>James J. Roddy</i>		Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Catherine Liners</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Miss Martha Roddy</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

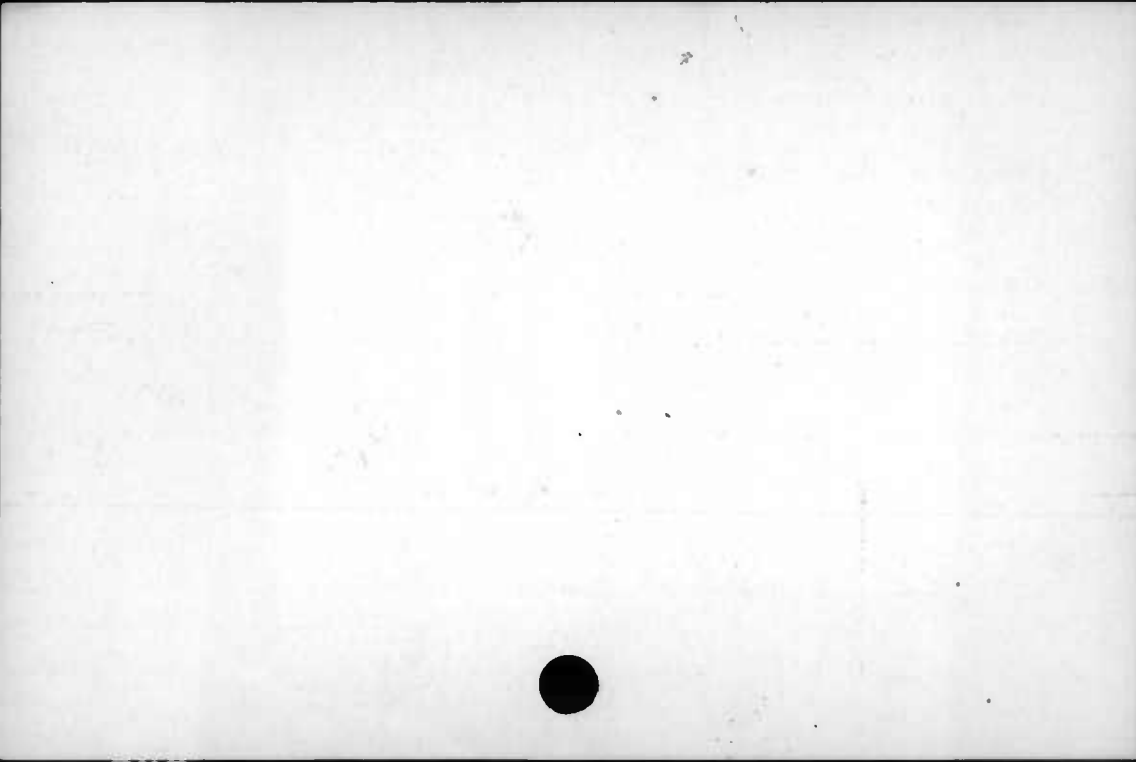
63

PHYSICIAN
OR CORONER

Primary	<i>Softening of the spinal cord</i>	How long	<i>2 1/2 hours</i>
Immediate	<i>Coronary</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John B. Brown</i>
		Address	<i>100 N. 1st St. Baltimore</i>
Accident or Suicide?	<i>No</i>		<i>MD</i>



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
	Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>24</i>		Age <i>7</i> Years <i>2</i> Months <i>2</i> Days	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
	Occupation <i>X</i>		Where Residing if not at place of death <i>X</i>					
	Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
	Father's Name <i>Townsend Schilling</i>		Father's Birthplace <i>Frederick</i>					
	Mother's Maiden Name <i>Annie Tracy</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Chas E Tracy</i>		How related to deceased <i>Grand father</i>						
CAUSES OF DEATH 105								
PHYSICIAN OR CORONER	Primary <i>Enteric Colitis</i>		How long <i>6 weeks</i>					
	Immediate <i>Convulsions</i>		How long <i>2 hours</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Frank Hedger</i>					
			Address <i>Frederick</i>					
	Accident or Suicide? <i>No</i>							



Name
in
Full

Levy O. O. Smith

CERTIFICATE OF DEATH

Town

County

Died at *Fredericks**Fredericks*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1907**9**28*

Age

*21**6**27*

Sex

*Male*Color or
Race*Black*Birth-
place*Va*

Occupation

*Barber*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Single*Name of Wife or
Husband*- - - - -*Father's
Name*William Smith*Father's
Birthplace*Va*Mother's
Maiden Name*Mary Smith*Mother's
Birthplace*South Carolina*Name of person giving
In formation*Mary Smith*How related
to deceased*Mother*

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

1 yr

Immediate

Pharyngitis

How long

*2 wks*Are the name, age, sex, color, date
and place correctly given above?*yes*

Signature of

J. O. Lee, M.D.

Address

Fredericks

Accident or Suicide

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

21. E. SX,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

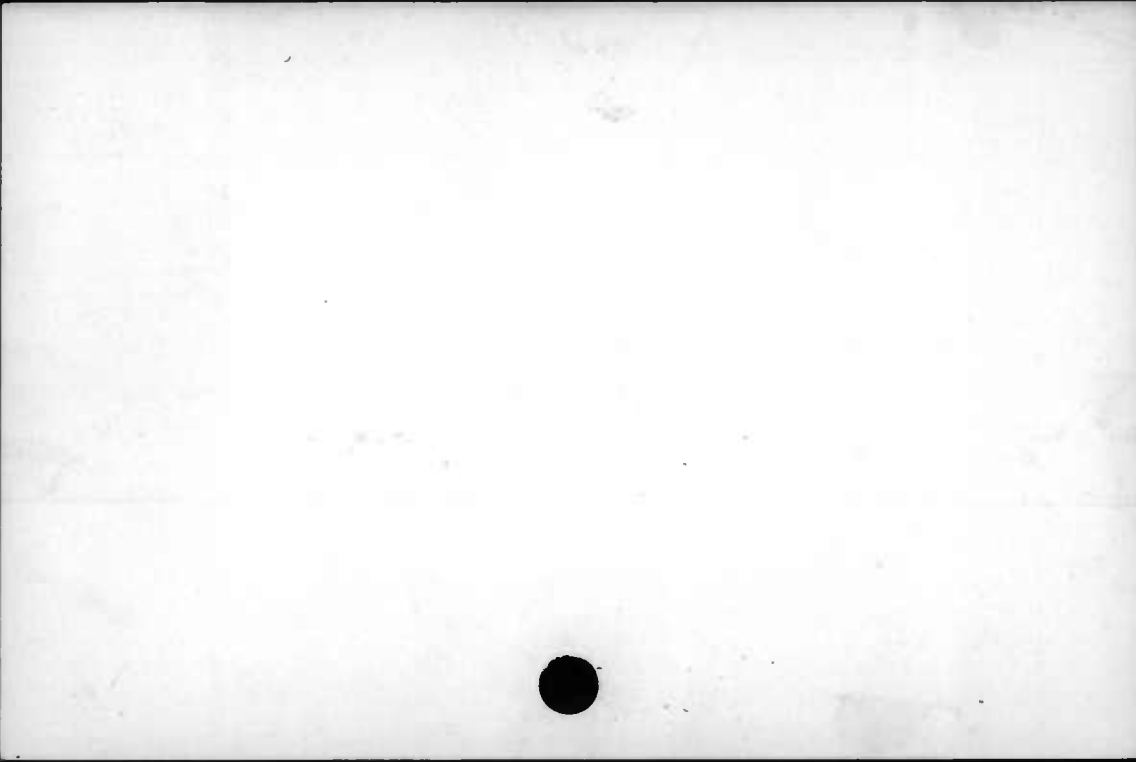
Leroy Englar Smith		TOWN		COUNTY		MARYLAND	
Died at		Johnsville		Frederick			
Date of death		1907	Sept.	15	Age	Years	Months
							17
Sex		male		Color or Race		white	
Occupation				Birth-place		Libertytown	
Where Residing if not at place of death		"					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Clarence May Smith				Father's Birthplace	
						Dayville	
Mother's Maiden Name		Georgina Smith				Mother's Birthplace	
						Johnsville	
Name of person giving information		Clarence M. Smith				How related to deceased	
						Father	

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	Insanction	How long	30 days
Immediate	Heart Failure	How long	1 - 7
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Bra H. Beall, M.D.	
Address		Libertytown, Md.	
Accident or Suicide?			

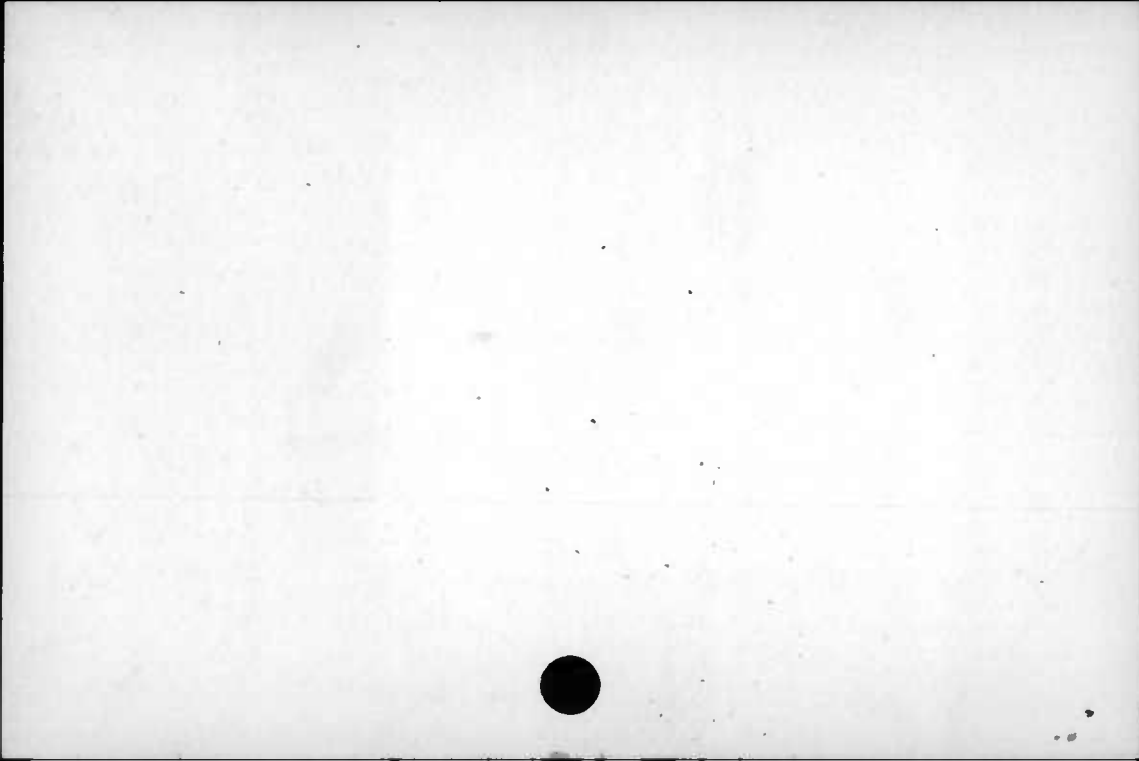


Name in Full		Samuel Blaine Smith				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick	County Frederick	MARYLAND			
		Date of death		1907	Month 9	Day 10	Age	Years 23	
							Months 1	Days 0	
		Sex	Male		Color or Race	White		Birth-place	F. Co. Md
		Occupation	Laborer		Where Residing if not at place of death		Same		
		Married, Single or Widowed	Married		Name of Wife or Husband	Daisy & Delaughter			
		Father's Name	James H. Smith				Father's Birthplace	Md	
Mother's Maiden Name	Margaret Kohn				Mother's Birthplace	"			
Name of person giving information	Daniel Smith				How related to deceased	Brother			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Typhoid				How long	3 weeks	
		Immediate	Hemorrhage Intestines				How long	3 Hours	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Frank Hedges		
						Address	Frederick		
		Accident or Suicide?							

Interment Sept 12, 07
" at Mt Olivet

Thomas P. Rice,

Name in Full		Patrick Finney				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		1907		Month	Day	Age	Months
		Sept		17	65	5	Days
		Sex		Color or Race	Birth-place		
		Male		White	Ireland		
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death			
		Rice burner					
		Married, Single or Widowed		Name of Wife or			
		Married		Elizabeth Harwood			
		Father's Name		Father's Birthplace			
TO BE ANSWERED BY NEAREST FRIEND		Mother's Maiden Name		Mother's Birthplace			
		Hart Henry		Ireland			
		Name of person giving information		How related to deceased			
		James Finney		Son			
PHYSICIAN OR CORONER		CAUSES OF DEATH				(26)	
		Primary		How long			
		Progressive Tuberculosis		6 mos			
		Immediate		How long			
		Exhaustion		2 wks.			
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
				Address			
				Francis			
		Accident or Suicide?					



Name
in
Full

Ida B. Thompson, Virg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

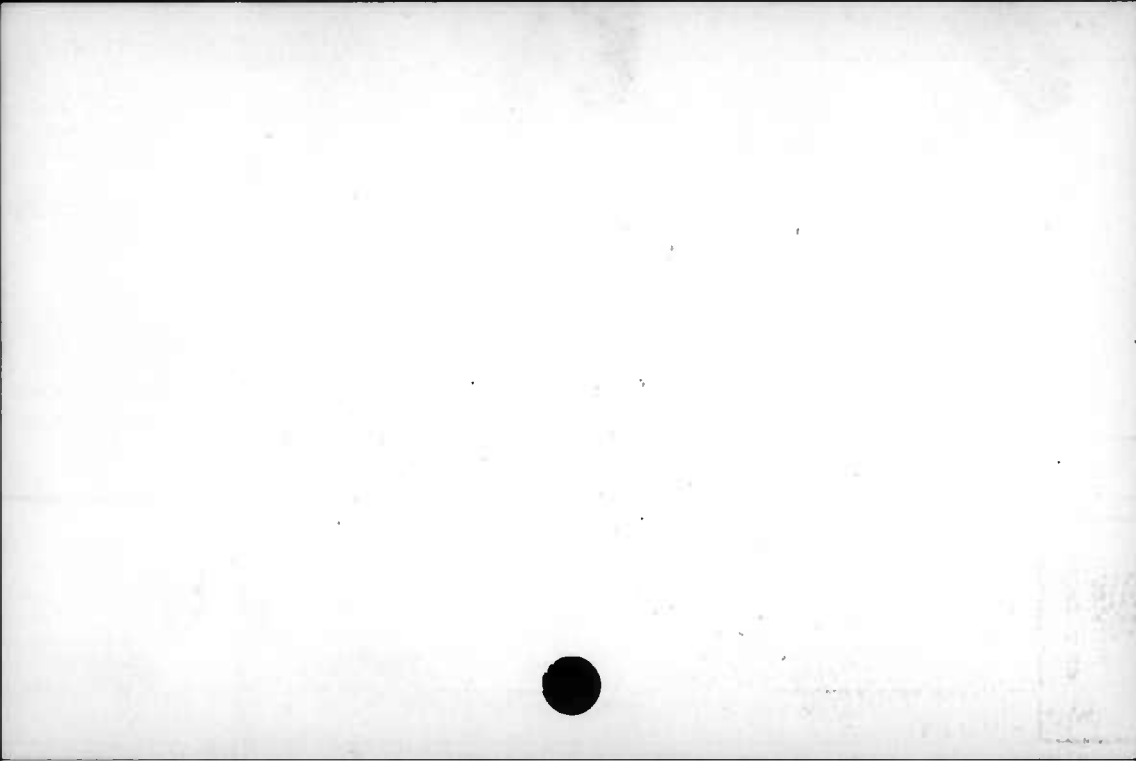
Died at		Town Frederick		County Do		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	9	46		11	7
Sex		Color or Race		Birth- place			
Female		White		Frederick Co			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Benj. J. Virg					
Father's Name		Philip Thompson				Father's Birthplace	
						Md	
Mother's Maiden Name		Mary Christ				Mother's Birthplace	
						Md	
Name of person giving In formation		Benj. J. Virg				How related to deceased	
						Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos. B. Johnson	
		Address	
		Frederick, Md.	
Accident or Suicide?			



Name in Full **Edward Lawrence Wagner**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

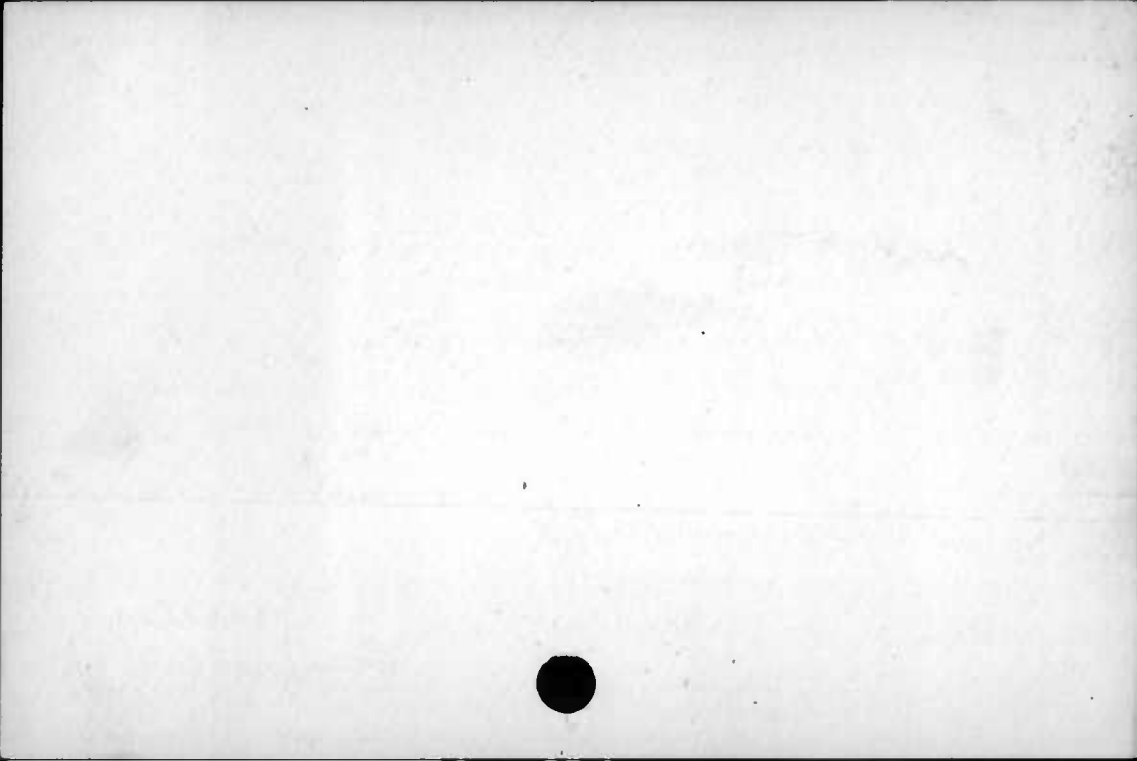
MARYLAND

Died at Mar Jefferson <small>Town</small>		Isle <small>County</small>	
Date of death 1907 <small>Month</small>	9 <small>Day</small>	Age — <small>Years</small>	3 <small>Months</small>
Sex Male	Color or Race White	Birth-place Mar Jefferson	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed —		Name of Wife or Husband —	
Father's Name William L. Wagner		Father's Birthplace Isle	
Mother's Maiden Name Lulu M. Keplinger		Mother's Birthplace Middletown	
Name of person giving information Lulu M. Wagner		How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis	How long 10
Immediate Coma	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. P. Phamey
Yes	Address Isle, Md.
Accident or Suicide?	



Name
in
Full

Layna Ellen Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Myrtle* ^{Town} *Frederick* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *Sept.* ^{Day} *13* ^{Years} *53* ^{Months} *8* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Near Myrtle*

Occupation *Horn Keeping* Where Residing if not at place of death *Near Myrtle*

Married, Single or Widowed *Married* Name of Wife or Husband *Jessie K. Waters*

Father's Name *Peter Leatherman* Father's Birthplace *Ellerby*

Mother's Maiden Name *Juliana Bonner* Mother's Birthplace *Middletown*

Name of person giving information *Jessie K. Waters* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Phthisis Pulmonalis*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

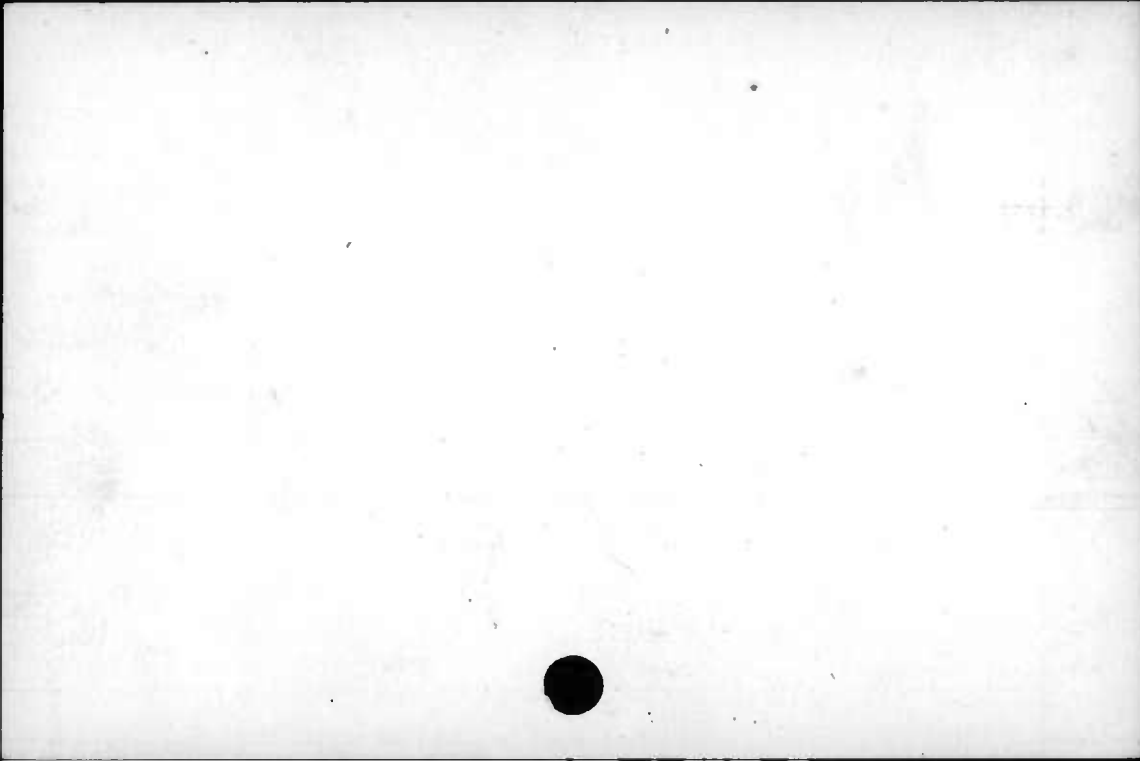
Signature of Physician

W. C. Wheeler

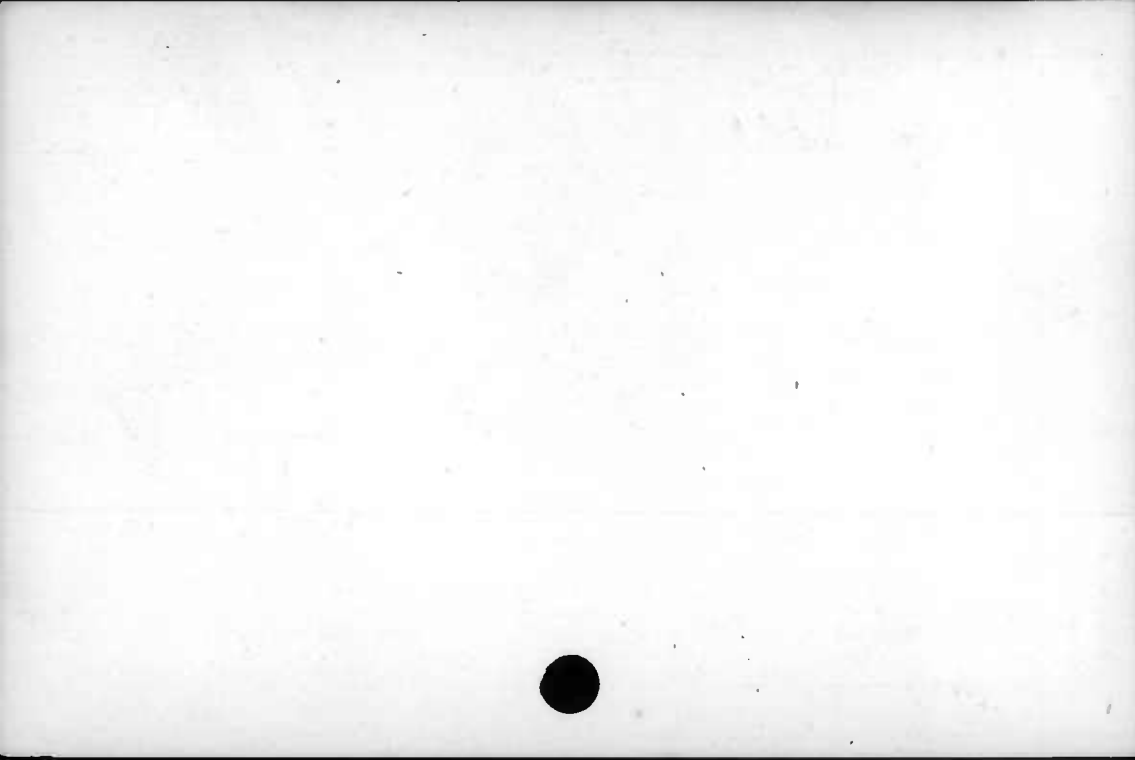
Address

*Beoverboro
Washington Co.*

Accident or Suicide?



Name in Full		Henry Adolphus Weaver				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mountville		County Fred.		MARYLAND	
	Date of death	1907	Month Sept	Day 5	Age 80	Years	Months —
	Sex	Male		Color or Race	Negro		
	Occupation	Teamster			Birth-place	Md	
	Where Residing if not at place of death	Same					
	Married, Single or Widowed	Married		Name of Wife or Husband	Mary Jane Toly		
	Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	M. R. Etchison			How related to deceased	None		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">154</div>							
PHYSICIAN OR CORONER	Primary	Senile Debility				How long	6 to 8 years
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	T. Clyde Rouleau		
				Address	Buckeytown		
	Accident or Suicide?		2				



Name
in
Full

CERTIFICATE OF DEATH

Jerome Wilcom

Died at *Rivers Mills* TownCounty *Fredrick*

MARYLAND

Date
of death *1901*Month *9th*Day *24*Age *78* Years

Months

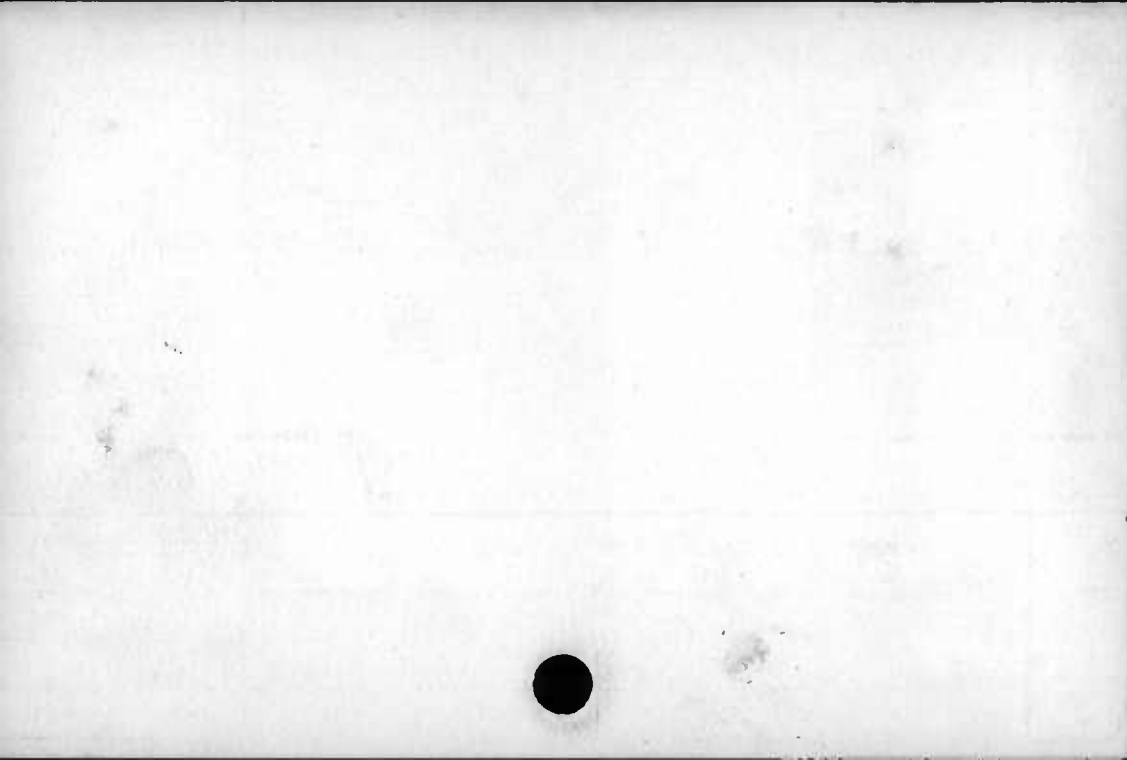
Days *12*Sex *Male*Color or
Race *White*Birth-
place *Germany*Occupation *Farmer*Where Residing if not
at place of death *Rivers Mills*Married, Single
or Widowed *married*Name of Wife or
Husband *Emily Wilcom*Father's
Name *John Wilcom*Father's
Birthplace *Germany*Mother's
Maiden Name *Susana Smith*Mother's
Birthplace *11*Name of person giving
in formation *Jacob Wilcom*How related
to deceased *Son*

CAUSES OF DEATH

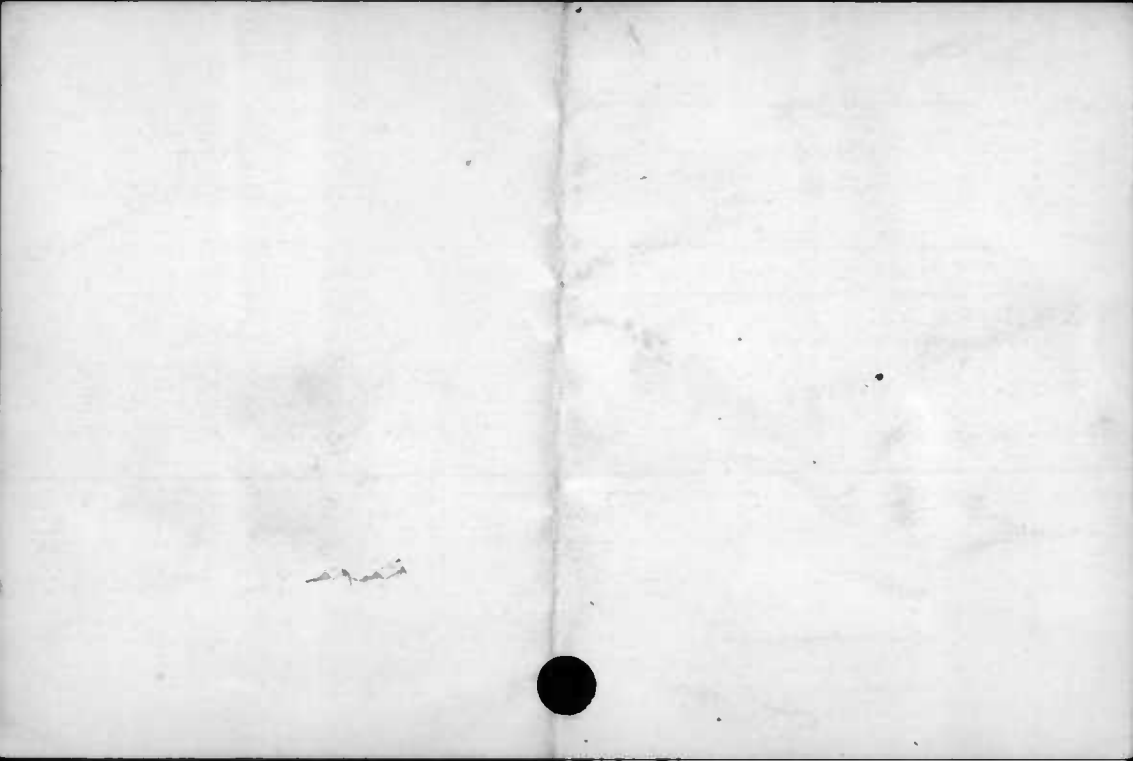
179Primary *General debility*How long *Six months*Immediate *Heart failure*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Berig. C. Perry M.D.*Address *Urban*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		James L. Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Plane 4</i>		Town <i>Frederick</i>		County	
		Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>3</i>	
		Age		Years		Months	
		Sex <i>Male</i>		Color or Race <i>White American</i>		Birth-place <i>Plane 4</i>	
		Occupation <i>Student</i>		Where Residing if not at place of death <i>Plane 4</i>			
		Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>John L. Wilson</i>		Father's Birthplace <i>Frederick County</i>			
Mother's Maiden Name <i>Fannie D. McCubbin</i>		Mother's Birthplace <i>Balti. City</i>					
Name of person giving information <i>John L. Wilson</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Whooping Cough</i>		How long <i>3 weeks</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Bromwell</i>			
		Address <i>Mt. Airy</i>					
Accident or Suicide? <i>No</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

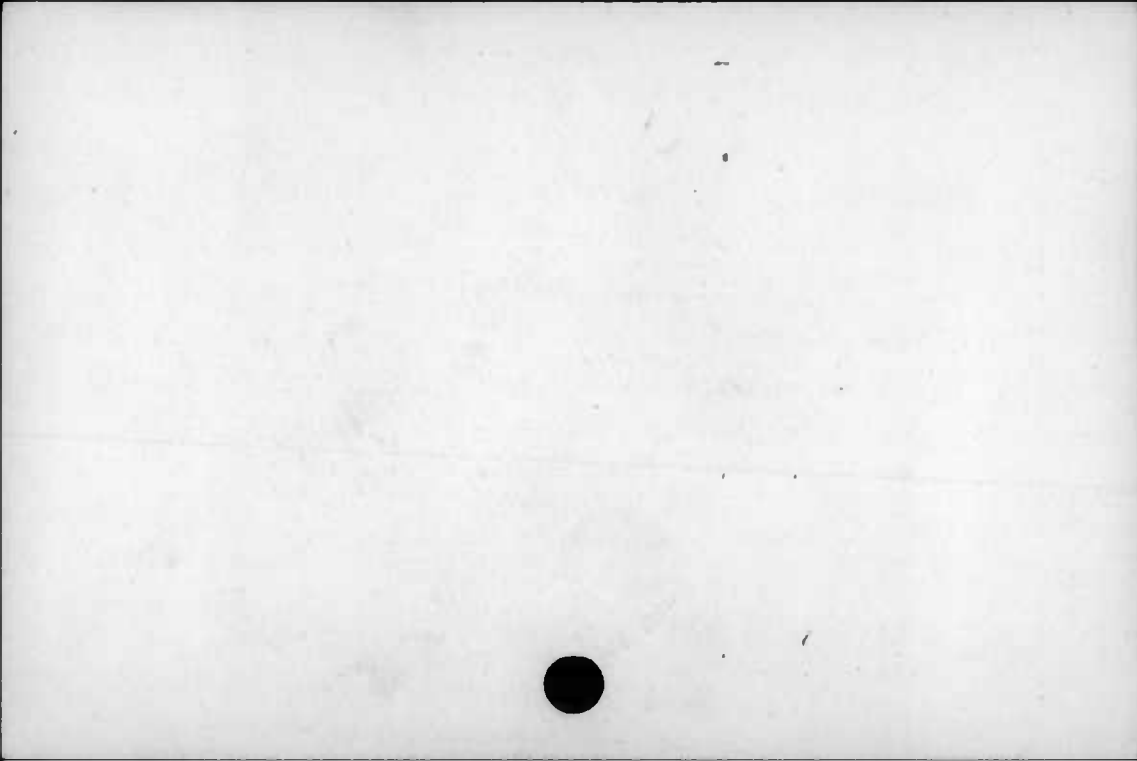
Died at <i>Emmitsburg</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND			
Date of death	<i>1907</i>	<i>Sept</i> ^{Month}	<i>13</i> ^{Day}	<i>0</i> ^{Years}	<i>1</i> ^{Months}	<i>14</i> ^{Days}	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>MD</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death <i>as above</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>William N Winebrenner</i>				Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Laura V. Imbler</i>				Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>William N Winebrenner</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro-enteritis</i>	How long	<i>Three days</i>
Immediate	<i>Convulsions</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. J. Jamison</i>
		Address	<i>Emmitsburg MD</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

William Henry Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>9</i>	Day <i>16</i>	Years <i>81</i>	Months <i>5</i> Days <i>9</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>	
Occupation <i>Grocer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah A. Dunsiffo</i>			
Father's Name <i>Geo Zimmerman</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Kramer</i>		Mother's Birthplace <i>Frederick Co. Md.</i>			
Name of person giving information <i>George H. Zimmerman</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>5 years</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. B. Johnson</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide? <i>9</i>			

M O Cemetery

Sept 17 -

b b. b. 72

Name
in
Full

CERTIFICATE OF DEATH

Rebecca Gurgable
Emmitsburg Frederick

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County	
Date of death		Month	Day	Years	Months
1907 Sept		5	5	57	4
Sex	Female	Color or Race	White		Birth place
Occupation	House - wife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
George Gurgable		Father's Name			
Samuel Brown		Father's Birthplace			
Maryland		Mother's Name			
Elija Myers		Mother's Birthplace			
Maryland		Name of person giving information			
George Gurgable		How related to deceased			
Husband					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Inflammatory Rheumatism		How long	Six months
Immediate	Endocarditis		How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		B. J. Jamison		
Address		Emmitsburg		
		Md.		
Accident or Suicide?				

